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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**LLC DISSOLUTION OR WITHDRAWAL
FIT HUD RENAISSANCE LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIT HUD Renaissance LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Torre
(Name of Person)

FIT HUD Renaissance LLC
(Firm/Company)

1345 Ave of the Americas, 45th Floor
(Address)

New York, NY 10105
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FIT HUD Renaissance LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/06/2003

(Date registered with Florida Department of State)

M03000002608

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

/s/ Randal Nardone

(Signature of authorized representative)

Randal Nardone

(Typed or printed name of signee)

Filing Fee: \$25.00

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