5/10/2017

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To:

Division of Corporations

: (850)617-6383

Resubmission, keep file

date of 05/10/2017

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (512)418-6949

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL HERITAGE GOLF ALAQUA LAKES, LLC

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COVER LETTER

TO:			Section Corporations			•		
SUBJEC		Heritage Golf Afaqua Lakes, LLC						
SUBIRCE:		(Name of Foreign Limited Liability Company)						
					4			
Dear Sir	or M	adam:						
The encl	losed v	withdra	wal and fee(s) are submitt	ed for filing.				
Pleaso re	eturn s	ali corre	spondence concerning thi	s matter to the fo	llowing	;		
Shaddic	k Butt	te						
***************************************	ng ong av die bibliogrifiggen	, <u>qi</u> 1841 bil iz 3 7 2 4	(Mame of Person)	, and a second seco				
Hieritage	Golf	Group						
***************************************			(Firm/Company)					
60 05 Hi	dden '	Valley I	Road, Suite 160					
4,000,000			(Address)					
Carlsbac	i, CA	92011						
			(City/State and Zip Co	đe)				
For furth	er info	òrmatio	n concerning this matter, p	please call:	N.			
Shaddic	k Butt	te		858 at (617-6121		
. W P. B. P. P. B.		(Nan	ne of Person)		Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
□ \$ 25 Fi			□ \$30 Filing Fee & Certificate of Status	\$55 Filing F Certified Co		□ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

***************************************	(Name of limited liability company)		•
Delaware			
**************************************	(Jurisdiction of its organization)		-
9/11/03	3.4		
Management of the Court Law party of the Community	(Date registered with Florida Department of State)		
M03000003013	•		
	(Florida Document Number)	18th - 4	•
This limited li	ability company is withdrawing its certificate of authority in this state.		u
	100		,
	(Signature of authorized representative)		=
	Shaddick Butto		i S
	(Typed or printed name of signee)		* .:

Filing Fee: \$25.00