

11/30/2015 3:37:57 PM From: To: 8506176383(1/3) Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002829573)))



HI 50002829573ABC6

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

\$25.00

Account Number : FCA00000023

Phone Fax Number

Estimated Charge

: (850)205~8842 : (850)878~5368

LLC DISSOLUTION OR WITHDRAWAL

Certificate of Status 0 Certified Copy 0 03 Page Count

FIT HUD PRESIDENTIAL LLC

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TO: Registration Section

11/30/2015 3:37:57 PM From: To: 8506176383(2/3)

COVER LETTER

| Division of | Corporations | | • |
|--|--|---|--|
| SURJECT: FIT H | UD Presidential LLC | | |
| 5616 E-1. <u>-11 11</u> | | eign Limited Liability C | Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdr | awal and fee(s) are submitted | d for filing. | |
| Please return all corr | espondence concerning this | matter to the following: | |
| Michael Torre | | | |
| | (Name of Person) | | |
| FIT HUD Presidential | rrc | | |
| | (Firm/Company) | | |
| 1345 Ave of the Ame | | | |
| New York, NY 10105 | (Address) | • | |
| | (City/State and Zip Cod | e) | |
| For further informati | ion concerning this matter, p | | |
| | ama ac Daman) | at (at |) |
| (Name of Person) 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 | ☐ S60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| FIT HUD Presidential LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| 03/03/2004 |
| (Date registered with Florida Department of State) |
| mo400000 854 |
| (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

SECRETARY OF STATE