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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Office Use Only



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SECKETARY OF STATE

16 JUNI 14 AM 8: 45

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 178381 7579688

AUTHORIZATION :

COST LIMIT : \$'25.00

ORDER DATE: June 13, 2016

ORDER TIME : 9:31 AM

ORDER NO. : 178381-025

CUSTOMER NO: 7579688

FOREIGN FILINGS

NAME: AP MEDALLION GOLF, LLC

___ CORPORATE
___ LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

	stration Se sion of Co				
SUBJECT:	AP Medallion Golf, LLC				
SUBJECT.		(Name of Fore	eign Limited Liability (Company)	
Dear Sir or M	ladam:				
The enclosed	withdrawa	ıl and fee(s) are submitted	for filing.		
Please return	all corresp	ondence concerning this	matter to the following:		
Vianka W	ong				
		(Name of Person)			
Ares Man	agemen	t			
		(Firm/Company)			
245 Park	Avenue,	, 43rd Floor			
		(Address)			
New York	, NY 10	167			
		(City/State and Zip Code	e)		
For further in	formation	concerning this matter, pl	ease call:		
Vianka W	ong		212 at (515-3364	
	(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	a check for	r 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

AP Medallio	n Golf, LLC	
·	(Name of limited liability company)	****
Delaware		
	(Jurisdiction of its organization)	
04/23/2004		
	(Date registered with Florida Department of State)	
M04000001	551	
	(Florida Document Number)	
	(Signature of authorized representative)	
	K. Eric Burk	
	(Typed or printed name of signee)	16 JUN I 4 AH 8: SECRETARY OF STA

Filing Fee: \$25.00