Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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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) 222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL JSP CHASE OAKS OPERATOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JAN 1 3 2015

T. HAMPTON

COVER LETTER

TO:	Registration of	n Section Corporations			
SUBJE		hase Oaks Operator, LLC			
		(Name of For	eign Limited Liab	ility Comp	pany)
Dear Sir	or Madam:				
The enc	losed withda	rawal and fee(s) are submitted	d for filing.		
Please n	eturn all cor	respondence concerning this	matter to the follo	wing:	
Hannah	O'Hara				
		(Name of Person)			
Jackson	ı Square Pro	perties			
		(Firm/Company)		•	
655 Mc	antgomery S	a., Sie. 1700			
	-	(Address)	<u></u>		
San Fra	ncisco, CA	94111			
		(City/State and Zip Cod	ic)		
For furt	her informat	tion concerning this matter, p	lease call:		
Michel	le Johnson		949 at (74	3-8106
	()	fame of Person)		ode & Day	time 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 Tellahassee, Florida 32314		
Enclose	ed is a checi	k for the following amount:			
© \$2 5	Filing Fee	□ \$30 Filing Fee & Certificate of Status	C3 \$55 Filling Fe Certified Cop		\$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JSP Chase Oaks Open	ator, LLC	
 	(Name of limited liability company)	—
Nevada		
	(Jurisdiction of its organization)	_
05/12/2004		
	(Date registered with Florida Department of State)	—
M04000001822		
	(Florida Document Number)	_
This limited liabili	ly company is withdrawing its certificate of authority in this state.	
- '.	(Signature of authorized representative)	
	Thomas Coates	
	(Typed or printed name of signee)	

Filing Fee: \$25.00

15 JAN 12 AM 7: 49
SECRETARY OF STATE
TALLAHASSEE, FLORID