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To:

Division of Corporations

Fax Number : (850),617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone

: (850)777-2091

Fax Number

: (770)220-1943

LLC DISSOLUTION OR WITHDRAWAL

FIRST STATES INVESTORS 3300, LLC

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COVER LETTER

			n Section f Corporations		ч .		
SUBJEC	т.	FIRS	ST STATES INVESTO	ORS 3300, LLC			
SODUL	•	(Name of Foreign Limited Liability Company)					
Dear Sir	or N	/iadam:					
The enclu	osed	withdi	rawal and fcc(s) are submitte	ed for filing.			
Please re	turn	all cor	respondence concerning thi	s matter to the following:	:		
Mary F	^o ari	s					
			(Name of Person)				
Triad F	Prof	fessio	onal Services				
			(Firm/Company)				
1720 V	Vin	dwar	d Concourse, Suite 3	90			
			(Address)				
Alphar	etta	a, GA	30005				
			(City/State and Zip Co	dc)			
For furthe	er in	format	ion concerning this matter, p	please call:			
Mary F	Pari	s		770 sat (777-2044		
		(N	ame of Person)		Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations			n Section	MAILING ADDRESS: Registration Section Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed	is a	check	for the following amount:	:	,		
⊠ \$ 25 Fi	ling	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

FIRST STATES INVESTORS 3300, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
07/19/2004		
(Date registered with Florida Department of State)		
M0400002852		
(Florida Document Number)		—
This limited liability company is withdrawing its certificate of authority in this state.		
(Fignature of authorized representative) FFREY WALDVICEL (Typed or printed name of signee)	17 MAR 29 AM 9	SHO AWURST CONTROL OF THE CONTROL OF

Filing Fee: \$25.00