M04000003711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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- [x] FILING — LLC Withdrawal

1. 4547 Semoran LLC
   (CORPORATE NAME AND DOCUMENT #)
2. (CORPORATE NAME AND DOCUMENT #)
3. (CORPORATE NAME AND DOCUMENT #)
4. (CORPORATE NAME AND DOCUMENT #)
5. (CORPORATE NAME AND DOCUMENT #)
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File 1st

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4547 SEMORAN LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MADELAIO NAZARIAN
(Name of Person)

4547 SEMORAN LLC
(Firm/Company)

287 ABBEY ROAD
(Address)

MANHASSET NY 11030
(City/State and Zip Code)

For further information concerning this matter, please call:

MADELAIO NAZARIAN at (516) 365 2917
(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 check for 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

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TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

4547 SEMORAW LLC
(Name of limited liability company)

N.Y.
(Jurisdiction of its organization)

September 10 2004
(Date registered with Florida Department of State)

M04000003711
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

MADELEINE NAZARIAN
(Typed or printed name of signee)

Filing Fee: $25.00