

MO4000003795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

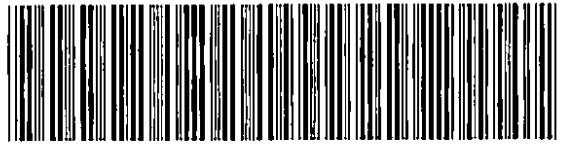
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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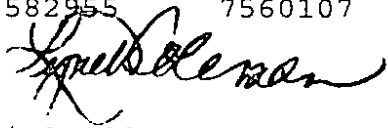
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COMMUNIST
JAN 17 1951

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 582955 7560107

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : January 15, 2019

ORDER TIME : 9:56 AM

ORDER NO. : 582955-010

CUSTOMER NO: 7560107

DOMESTIC FILINGS

NAME: GRANITE MT FLORIDA LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

Granite MT Florida LLC

SUBJECT: _____
(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:

Annamarie Bautista

(Name of Person)

c/o BlackRock

(Firm/Company)

40 East 52nd Street, 20th Floor

(Address)

New York, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Annamarie Bautista

212 810-3741

(Name of Person)

at () _____
(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Granite MT Florida LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 15, 2004

(Date registered with Florida Department of State)

M04000003795

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Kathy Malitz

(Typed or printed name of signee)

Filing Fee: \$25.00

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