

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M04000003995**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : I20160000006  
Phone : (850) 777-2091  
Fax Number : (770) 220-1943

RECEIVE

2017 JUL 26 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
FIRST STATES INVESTORS 5200, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

DIVISION OF CORPORATIONS

17 JUL 27 AM 11:04

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O. SIMMONS  
JUL 27 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First States Investors 5200, 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:

Mary Paris

(Name of Person)

TRIAD PROFESSIONAL SERVICES

(Firm/Company)

1720 WINDWARD CONCOURSE, SUITE 390

(Address)

ALPHARETTA, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY PARIS

(Name of Person)

770

777-2091

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

First States Investors 5200, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

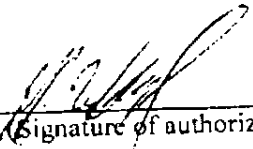
09/27/2004

(Date registered with Florida Department of State)

M040000C3995

(Florida Document Number)

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

  
(Signature of authorized representative)

Jeffrey K. Waldvogel, Authorized Person

(Typed or printed name of signee)

**FILED**  
17 JUL 27 AM 11:04  
DIVISION OF CORPORATIONS

Filing Fee: \$25.00