M04000004969

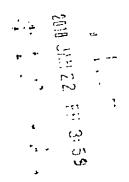
(Requestor's Name)				
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COVER LETTER

TO: Registration Division of	Section Corporations		
CSI at I	PGA Resorts, LLC		_
SUBJECT.	(Name of Fore	eign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitted	for filing.	
Please return all corr	espondence concerning this	matter to the following:	
Kathryn A. Wong			
	(Name of Person)		
Troon Golf, L.L.C.			
	(Firm/Company)		
15044 N. Scottsdale	Road - Suite 300	_	
	(Address)		
Scottsdale, AZ 8525	4		
	(City/State and Zip Cod	e)	
For further informati	on concerning this matter, p	lease call:	
Kathryn A. Wong		480 at (477-0476
(8)	ame 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CSI at PGA Res	sorts, LLC	
_	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	_
November 4, 20	004	
<u> </u>	(Date registered with Florida Department of State)	
M04000004969		
<u> </u>	(Florida Document Number)	
This limited l	liability company is withdrawing its certificate of authority in this st	ate.
(If an effectiv more than 90 Note: If the o	e, if other than the date of filing:	ng requirements,
		25
	(Signature of authorized-representative)	
	Jay M. McGrath, Vice President	
	(Typed or printed name of signee)	

Filing Fee: \$25.00