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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL IMT COURTNEY COVE APARTMENTS LLC

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03
\$25.00

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Corporate Filing Menu

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## **COVER LETTER**

		ation Section t of Corporations	`	
SUBJECT	Γ: \ <b>Ι</b> Λ	T Courtney Cove Apart	tments LLC	
502420		(Name of Fo	reign Limited Liabili	y Company)
Dear Sir o	r Mad	uā:		
The enclos	ed wi	hdrawal and fee(s) are submitte	ed for filing.	•
Please retu	rn all	correspondence concerning this	s matter to the followi	ng:
Kimberl	у Са	yt		
		(Name of Person)		<del>-</del>
Lewis R	oca :	Rothgerber LLP		
· <u>·····</u>		(Fim/Company)	· · · · · · · · · · · · · · · · · · ·	
One Soi	uth C	hurch Avenue, Suite 70	10	
		(Address)	· ·	<del></del>
Tucson,	Ariz	ona 85701		
	,	(City/State and Zip Cod	le)	
Por further	inform	ation concerning this matter, p	lease call:	
Kimberly	/ Cad	ly	520	629-4410
	-	(Name of Person)	(Ares Code	& Daytime Telephone Number)
Re Di Cli 26	gistrat vision ifton E 61 Exc	COURIER ADDRESS: ion Section of Corporations wilding cutive Center Circle ee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
inclosed is	a che	k for the following amount:		
<b>32</b> 5 Filin	g Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Pee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IMT Courtney (	Cove Apartments LLC	
<del></del>	(Name of limited liability company)	<del></del>
Delaware		
<del></del>	(Jurisdiction of its organization)	<del></del>
01/14/2005		
	(Date registered with Florida Department of State)	<del></del>
M05000000278		7
	(Florida Document Number)	20
This limited liabi	lity company is withdrawing its certificate of authority in this state.	151 EOA
	20	EC PEC
		SS + Par
	(Signature of authorized representative)	
	Bryan Scher	F100
	(Typed or printed name of signee)	· · · · · · · · · · · · · · · ·

Filing Fee: \$25.00