

**M05000001055**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

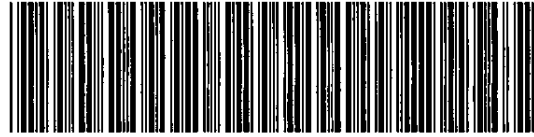
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

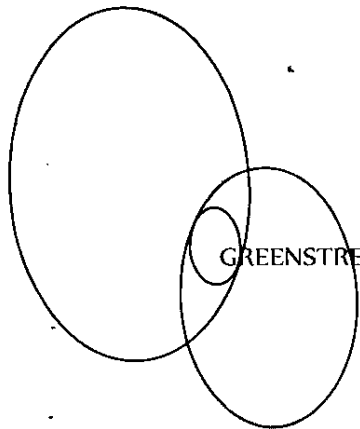
Office Use Only



**800293487968**

12/29/16--01012--028 \*\*25.00

**FILED**  
16 DEC 29 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



GREENSTREET PARTNERS, L.P.

2601 South Bayshore Drive  
9th Floor  
Coconut Grove, Florida 33133  
P 305 858 4225  
F 305 858 2334  
cwalker@greenstreetre.com

Via USPS

MEMORANDUM

**TO:** Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
**FROM:** Cavell E. Walker, Paralegal  
**SUBJECT:** Entity Dissolution  
**DATE:** December 28, 2016

Please find enclosed request for cancellation of the following entity along with the appropriate fees.

Entity	Check	Fees	Amount
2121 Ponce, L.L.C.	2121 Ponce LLLP Check No. 1137	Withdrawal Fee	\$ 25.00

Please return a copy of the filed document to my attention.

Should you need anything further, please do not hesitate to contact me at 786-464-8302 or by e-mail to cwalker@greenstreetre.com.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2121 PONCE, L.L.C.  
(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:

CAVELL E. WALKER  
(Name of Person)

GREENSTREET PARTNERS, L.P.  
(Firm/Company)

2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR  
(Address)

COCONUT GROVE, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

CAVELL E WALKER at ( 786 ) 464-8302  
(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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

2121 PONCE, L.L.C.

\_\_\_\_\_  
(Name of limited liability company)

DELAWARE

\_\_\_\_\_  
(Jurisdiction of its organization)

FEBRUARY 28, 2005

\_\_\_\_\_  
(Date registered with Florida Department of State)

M05000001055

\_\_\_\_\_  
(Florida Document Number)

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

2121 PONCE, L.L.C.

By: \_\_\_\_\_

(Signature of authorized representative)

Jeffrey A. Safchik, President

\_\_\_\_\_  
(Typed or printed name of signee)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**