

**1105000003389**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
PYRAMID/CONTRARIAN MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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NOV 15 2013

T. HAMPTON

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pyramid / Convention Management 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:

Christopher Deane  
(Name of Person)

Pyramid Hotel Group  
(Firm/Company)

One Pacific Square, Suite 3100  
(Address)

Boston MA 02109  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Warren at ( 617 ) 412-2885  
(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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

Pyramid/Contrarian Management LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M05000003389

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

One Post Office Square, Suite 2100  
(Mailing address)

Boston, MA 02109  
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of member or authorized representative of a member)

Christopher Devini  
(Typed or printed name of signee)

Filing Fee: \$25.00

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