

M0500000 4480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

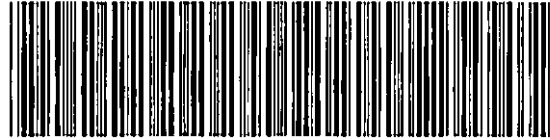
(Business Entity Name)

(Document Number)

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STATE OF NEW YORK
FALLS CHURCH, VIRGINIA

OCT 20 2013

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORBES/COHEN PROPERTIES 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:

TIMOTHY BLAIR

(Name of Person)

THE FORBES COMPANY
(Firm/Company)

100 GALLERIA OFFICENTRE, SUITE 427
(Address)

SOUTHFIELD, MI 48034

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY BLAIR 248 827-4600
_____ at _____
(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

FORBES/COHEN PROPERTIES LLC

(Name of limited liability company)

MICHIGAN

(Jurisdiction of its organization)

8/11/2005

(Date registered with Florida Department of State)

M05000004480

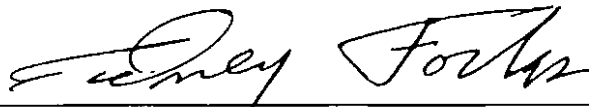
(Florida Document Number)

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

Effective Date, if other than the date of filing: DECEMBER 31, 2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

SIDNEY FORBES, MANAGING MEMBER

(Typed or printed name of signee)

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STATE OF FLORIDA
TALLAHASSEE OFFICE

Filing Fee: \$25.00