M05000005133

(Re	equestor's Name)	
(Ād	dress)	·
(Ad	idress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
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COVER LETTER

Division of C	Corporations			
SUBJECT: DR	A CRT LAKE	MARY CE	ENTER LLC	
	(Name of For	eign Limited Liability C	Company)	
Dear Sir or Madam:				
		1 C C C		
	wal and fee(s) are submitted	-		
Please return all corre	espondence concerning this	matter to the following:		
Indira Ne	aron			
	(Name of Person)			
C/O DRA	Advisors LL	С		23
(Firm/Company)				
				
220 East	42nd Street,	2/th Floor		基等
	(Address)			
New York	x, NY 10017			
	(City/State and Zip Cod	le)		7.55 ; 7.2*
	on concerning this matter, p	lease call:		
Indira Neg	gron	_{at (} 212	, <u>697-4740</u>	
(Na	me of Person)	(Area Code &	Daytime Telephone Number)	
STRFFT/C	OURIER ADDRESS:	MAII	ING ADDRESS:	
Registration Section		Registration Section		
		on of Corporations		
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
	Florida 32301	ranana	assee, Florida 32314	
Enclosed is a check	for the following amount:			
■ \$25 Filing Fee	☐ \$30 Filing Fee &	\$55 Filing Fee &	□ \$60 Filing Fee,	
-	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

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

DRA CRI LAKE MARY CENTER LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M05000005133
(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.
C/O DRA Advisors LLC, 220 E 42nd Street, 27th Fl.
(Mailing address)
New York, NY 10017
(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) David Gray
(Typed or printed name of signer) The contract of the contract

Filing Fee: \$25.00