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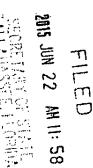
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CÖVER LETTER

_	sion of C	orporations		
SUBJECT:	2000 N	Main Street Associat	es LLC	
SOBJECT.		(Name of For	eign Limited Liability C	Company)
Dear Sir or M	ladam:			
The enclosed	withdray	val and fee(s) are submitted	d for filing.	
Please return a	all corres	spondence concerning this	matter to the following:	
Peter A. M	/lardinly	y ,Esq.		
		(Name of Person)		
Belmont In	nvestm	ent Corp.		
	•	(Firm/Company)		
900 W. Sp	oroul R	oad, Suite 101		
		(Address)		
Springfield	d, PA 1	9064		
		(City/State and Zip Cod	e)	
For further inf	formatio	n concerning this matter, p	lease call:	
Peter A. M	/lardinl	у	610	543-3333
	(Хал	ne 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		
		or 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

FILED 2015 JUN 22 AM II: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

000 Main Street Associates, LLC	
(Name of limited liability company)	_
elaware	
(Jurisdiction of its organization)	_
2/19/2005	
(Date registered with Florida Department of State)	_
05000006934	
(Florida Document Number)	
is limited liability company is withdrawing its certificate of authority in this state.	

Barry J. Belmont, President

(Typed or printed name of signee)

(Signature of authorized representative)

Filing Fee: \$25.00