## M0600000273

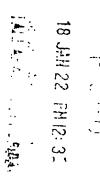
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000307824030

01/22/16--01026--006 \*\*125.00



O SIRAMONS C'05 & 2 NAL

## **COVER LETTER**

	ision of C	Corporations		
CHRICE	CSI at T	he Concession, LLC		
SUBJECT:		(Name of For	eign Limited Liabilit	ty Company)
Dear Sir or M	Aadam:			
The enclosed	l withdray	val and fee(s) are submitted	d for filing.	
Please return	all corre	spondence concerning this	matter to the followi	ing:
Kathryn A. V	Wong			
		(Name of Person)		<del></del>
Troon Golf,	L.L.C.			
		(Firm/Company)		_
15044 N. Sc	ottsdale l	Road - Suite 300		
	_	(Address)		<del></del>
Scottsdale, A	AZ 85254			
•		(City/State and Zip Cod	e)	
For further in	nformatio	n concerning this matter, p	lease call:	
Kathryn A. V	Wong		480 at (	477-0476
	(Nai	me of Person)		e & 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	a check f	or the following amount:		
☑ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& □ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CSI at The Concession, LLC		<u>.</u>
(Name of limi	ited liability company)	<u>-</u> ა
Delaware		22 PII/12: NO
(Jurisdiction	n of its organization)	100
January 18, 2006		
(Date registered with	Florida Department of State)	
M06000000273		
(Florida D	Document Number)	_
more than 90 days after filing.) Note: If the date inserted in this block does n	g:	
(Signature of a	authorized representative)	
<u> </u>	printed name of signee)	

Filing Fee: \$25.00