

MO6000001795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

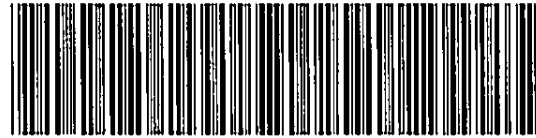
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 FEB 16 AM 10:39

B FIGUEROA

FEB 20 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2018

ANGELO RUSSO  
800 BOYLSTON ST STE #1300  
BOSTON, MA 02199

SUBJECT: WILDER/BN PARCEL D LLC  
Ref. Number: M06000001795

We have received your document for WILDER/BN PARCEL D LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 618A00002120

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILDER / BN PARCEL D 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:

ANGELO RUSSO  
(Name of Person)

THE WILDER COMPANIES, LTD.  
(Firm/Company)

800 BOYLSTON STREET, SUITE #1300  
(Address)

BOSTON, MA 02199  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELO RUSSO at ( 617 ) 896-4953  
(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:

- |                                          |                                                                     |                                                              |                                                                                        |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

WILDER / BN PARCEL D LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

3/28/2006

(Date registered with Florida Department of State)

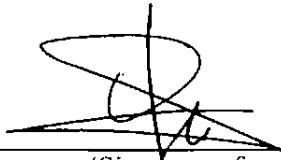
M0600000 1795

(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: \_\_\_\_\_ (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)

DAVID J. MALLEN

(Typed or printed name of signee)

Filing Fee: \$25.00

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