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(Re	questor's Name)				
(Ar	ldress)				
(/ (0	141030)				
(Address)					
(Ci	ty/State/Zip/Phone	∍ #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Conies	Certified Copies Certificates of Status				
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Special Instructions to	Eiling Officer:				
Special instructions to	Filing Officer.				
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Office Use Only



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15 JAN 20 PH 3-54

SECRETARY OF STATE
TALL ASSESSED FROM.

FEB 0 2 2015 S. YOUNG

COVER LETTER

TO:	÷	on Section of Corporations		÷	
SUBJI	ЕСТ:	NNN AVENTUR (Name of Fo	4 HARBOUR C reign Limited Liability (ENTRE # 13, 1	LAC
Dear S	ir or Madan	n:			
The en	closed with	drawal and fee(s) are submitte	d for filing.		
Please	return all co	orrespondence concerning this	matter to the following	:	
	Mich	(Name of Person)			
	Mich	Ael Ê. Dyen F (Firm/Company)	Panily, Ltd		15 JAN SECRET
	po.	Box 92908 (Address)			15 JAN 20 PH 3 54 SECRETARY OF STATE TAILANASSEE, FLORIDA
	So	thlake Tx 7 (City/State and Zip Coo	76092- le)		GRIDA ORIDA
For fur	ther informa	ation concerning this matter, p	lease call:		
	M.ic	e Dyen Name of Person)	at (2/4 (Area Code &) 649-2076 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			
Enclos	ed is a chec	k 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	ኒ

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NNN AVENTURA HARBOUR CENTRE # 13 (Name of limited liability company)	LLC		
(Name of limited liability company)			
DELAWARE (Jurisdiction of its organization)			
(Jurisdiction of its organization)			
(Date registered with Florida Department of State)			
(Date registered with Florida Department of State)			
4169004			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this sta	ate.		
(Signature of authorized representative)			
(Signature of authorized representative)	_		
Michael E. Dyen (Typed or printed name of signee)			
(Typed or printed name of signee)			
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Filing Fee: \$25.00