MOLADOLLO 5331

(Re	questor's Name)	
(1)	questors namej	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·J



05/03/18+-01017--012 \*\*25.00



Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations

Fourth Quarter Properties 125, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

SUBJECT: \_

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Mathis

(Name of Person)

Thomas Land & Development

(Firm/Company)

45 Ansley Drive

(Address)

Newnan, GA 30263

(City/State and Zip Code)

For further information concerning this matter, please call;

(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:

/

Ger S25 Filing Fee	🖵 \$30 Filing Fee &	\$55 Filing Fee &	\$60 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

.

.

.

.

Fourth Quarter Properties 125, LLC (Name of limited liability company) Delaware (Jurisdiction of its organization) September 26, 2006 (Date registered with Florida Department of State) M06000005331 (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.)	Auro
Note: If the date inserted in this block does not meet the applicable statutory	filing roquirements.
this date will not be listed as the document's effective date on the Department	nt of State Strecords.
1 - 0	
Ver	
(Signature of authorized representative)	$-\underline{s}$ $\dot{\circ}$ $\mathbf{O}$
(Signature of authorized representative)	N 6
Stanley E. Thomas	

(Typed or printed name of signee)