

MOL 00000 SFL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

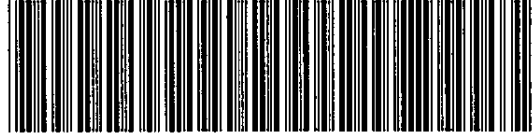
(Business Entity Name)

(Document Number)

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15 DEC 11 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crosland Maricopa, 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:

Cathleen Hardman
(Name of Person)

Crosland
(Firm/Company)

5960 Fairview Road, Suite 200
(Address)

Charlotte, NC 28210
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathleen Hardman at (704) 561-5263
(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:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Crosland Maricopa, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

10/23/2006

(Date registered with Florida Department of State)

M06000005866

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Cathleen Hardman

(Signature of authorized representative)

Cathleen Hardman

(Typed or printed name of signee)

15 DEC 11 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00