Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL VIF II TRADEWINDS ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

## **COVER LETTER**

	egistration ivision of	Section Corporations				
SUBJECT		Tradewinds Associates, LLC				
SUBJECT	•	(Name of Foreign Limited Liability Company)				
Dear Sir o	r Madam:					
The enclos	ed withdra	awal and fee(s) are submitted	d for filing.			
Please retu	m all corr	espondence concerning this	matter to the following:			
<del></del>		(Name of Person)				
		(Firm/Company)	<del></del>			
		(Address)				
		(City/State and Zip Cod	e)			
For further	r informati	on concerning this matter, p	lease call:	•		
			at (	)		
	(N	ame 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 Fil	ing 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

71 I Tradewings Associates, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
1/20/2006
(Date registered with Florida Department of State)
A0600000640 <b>7</b>
(Florida Document Number)
his limited liability company is withdrawing its certificate of authority in this state.
(Signatura of authorized representative)
James J. Finnegan, Authorized Signer
(Typed or printed name of signee)

Filing Fee: \$25.00