

11/17/2014 10:19:28 From: To: 8506176300

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
DORAL WEST ACQUISITION LLC**

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

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14 NOV 17 AM 10:00

DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

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2 Nov 18 2014

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Doral West Acquisition 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:

Tara Nyack

(Name of Person)

Stroock & Stroock & Lavan LLP

(Firm/Company)

180 Maiden Lane, Room 3916

(Address)

New York, NY 10038

(City/State and Zip Code)

For further information concerning this matter, please call:

Christian Porwoll

(Name of Person)

at ( 212 ) 648.0763

(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

Doral West Acquisition LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

November 27, 2006

(Date registered with Florida Department of State)

M06000006525

(Florida Document Number)

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



(Signature of authorized representative)

Ekhel Gavrilova, Authorized Person

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 17 PM 13:25

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