M0700000/421

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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Greenborg-We (Name of Fe	st Oaks Square LLC oreign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitt	ted for filing.
	•
Please return all correspondence concerning thi	s matter to the following:
Phillip Greenber (Name of Person)	}
(Firm/Company)	
11 Vista Del Ponto (Address)	
San Clemente, CA 9: (City/State and Zip Co	1672
(City/State and Zip Co	de)
For further information concerning this matter, p	please call:
Phillip Greenberg	at (424) 634-0619 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Greenberg - West Oaks Square LLC (Name of limited liability company)	_
(Name of limited liability company)	
(Jurisdiction of its organization)	_
フィースロップ (Date registered with Florida Department of State)	
(Date registered with Florida Department of State)	
M07000001431	_
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
(Signature of authorized representative)	
(Typed or printed name of signee)	
(Typed or printed name of signee)	

Filing Fee: \$25.00

