M07000001842

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
7.		•
(Bu	siness Entity Nar	ne)
	·	•
(Do	cument Number)	
•	·	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
·		
		į

Office Use Only



300266907163

12/15/14--01014--005 **30.00

DIVISION OF CORPORATIONS

14 DEC 15 PM 1: 20

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
UNIVERSITY VILLAGE FLO	RIDA, LLC			
	n 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:				
ERI S. KROH				
(Name of Person)				
(Firm/Company)				
10877 WILSHIRE BLVD, STE 1105				
(Address)				
LOS ANGELES, CA 90024				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
ERI S. KROH	310	393-9000		
(Name of Person)		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	\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

UNIVERSITY VILLAGE FLORIDA, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
03/29/2007
(Date registered with Florida Department of State)
M07000001842
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
S.
(Signature of authorized representative)
ERI S. KROH
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 DEC 15 PM 1: 20