

MO7000001905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

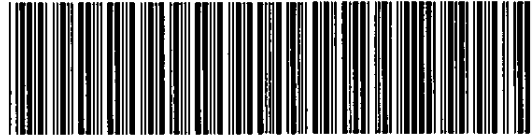
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100290269441

RECEIVED
FLORIDA
DEPARTMENT OF STATE
16 SEP 26 AM 8:40
16 SEP 26 AM 10:50

SEP 27 2016

Y SULKER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/26/16

NAME: FIRST STATES INVESTORS 6000D GP, LLC

TYPE OF FILING: WITHDRAWAL

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First States Investors 6000D GP, 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:

Mary Paris

(Name of Person)

TRIAD PROFESSIONAL SERVICES

(Firm/Company)

1720 WINDWARD CONCOURSE, SUITE 390

(Address)

ALPHARETTA, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY PARIS

(Name of Person)

770

at (

777-2091

(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

First States Investors 6000D GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

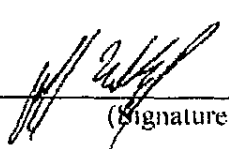
04/02/2007

(Date registered with Florida Department of State)

M07000001905

(Florida Document Number)

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


(Signature of authorized representative)

Jeffrey K. Waldvogel, Authorized Person

(Typed or printed name of signee)

FILED
16 SEP 26 AM 8:49
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00