

MD7000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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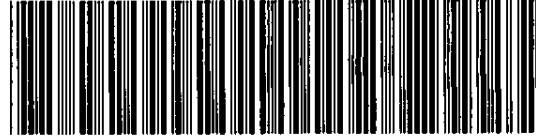
(Business Entity Name)

(Document Number)

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DATE: 9/26/16

NAME: FIRST STATES INVESTORS 6000A GP, LLC

TYPE OF FILING: WITHDRAWAL

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RETURN: CERTIFIED COPY PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First States Investors 6000A 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 &
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DIVISION OF CORPORATIONS

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

First States Investors 6000A GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

04/02/2007

(Date registered with Florida Department of State)

M07000001908

(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)

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Filing Fee: \$25.00