

M070000002117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

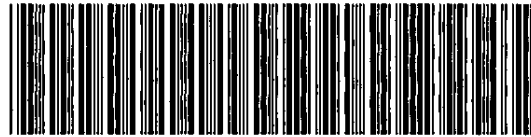
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 15 PM 1:23

DEC 18 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE CORAL FLORIDA, 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:

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

(Name of Person)

at (310) 393-9000
(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CAPE CORAL FLORIDA, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

04/12/2007

(Date registered with Florida Department of State)

M07000002117

(Florida Document Number)

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



(Signature of authorized representative)

ERI S. KROH

(Typed or printed name of signee)

Filing Fee: \$25.00

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DIVISION OF CORPORATIONS
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