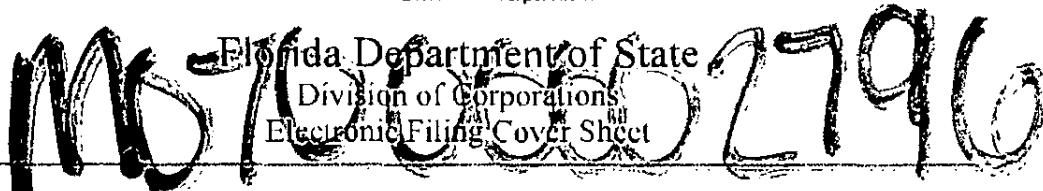


2/1/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
17 FEB - 1 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
AUTC POLO CHASE FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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D. SCOTT

FEB 2 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTC Polo Chase 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:

JENNI FERNANDEZ

(Name of Person)

AEN

(Firm/Company)

2 SEAFORT LN, 15th FLOOR

(Address)

BOSTON MA 02210

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (617) 261-9201
(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

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TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AUTC Polo Chase Florida, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/10/2007

(Date registered with Florida Department of State)

M07000002796

(Florida Document Number)

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

(Signature of authorized representative)

James J. Finnegan

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00