

1107000004282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 21 2016

16 DEC 21 AM 11:04

D. BRUCE
DEC 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2016

CSC
MELISSA ZENDER

SUBJECT: CMS TUSCANY GP, L.L.C.
Ref. Number: M07000004282

RESUBMIT

Please give original
submission date as file date.

We have received your document for CMS TUSCANY GP, L.L.C. and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 916A00027194

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TALLAHASSEE, FLORIDA

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16 DEC 22 PM 4:29
SUPERVISOR OF FILING

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 431777 8031164

AUTHORIZATION :

COST LIMIT : \$ 254.00

ORDER DATE : December 20, 2016

ORDER TIME : 9:50 AM

ORDER NO. : 431777-025

CUSTOMER NO: 8031164

FOREIGN FILINGS

NAME: CMS TUSCANY GP, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: _____

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2016 DEC 21 A 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMS TUSCANY 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:

DONNA M RITTERSHAUSEN

(Name of Person)

C/O CMS COMPANIES

(Firm/Company)

308 E. LANCASTER AVENUE, SUITE 300

(Address)

WYNNEWOOD, PA 19096

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA RITTERSHAUSEN at (610) 896-3017
(Name of Person) (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

CMS TUSCANY GP, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

JULY 18, 2007

(Date registered with Florida Department of State)

M07000004282

(Florida Document Number)

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



(Signature of authorized representative)

DONNA M RITTERSHAUSEN, AUTHORIZED SIGNATORY

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 21 A 10:14

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Filing Fee: \$25.00