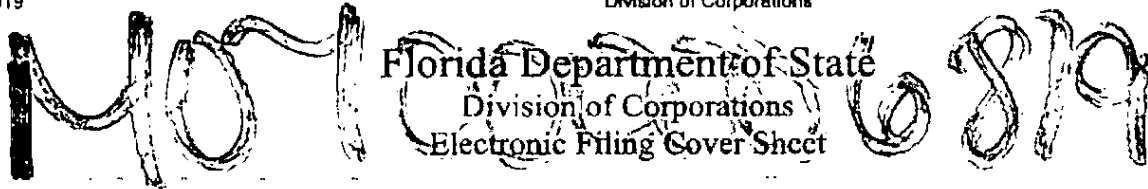


4/25/2019

Division of Corporations



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

(((H19000135929 3)))



H190001359293ABC6

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

From: Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : I20020000144
Phone : (305)520-2344
Fax Number : (305)520-2400

APPROVED AND FILED
2019 APR 25 PM 12:51
PROPERTY OF STATE
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
FDG CORDOVA PALMS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019 APR 25 PM 4:25
52 APR 25 52 00 1610Z

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FDG CORDOVA PALMS 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:

KOJILEEN COBB
(Name of Person)

(Firm/Company)

117 NE 1ST AVENUE, 11TH FLOOR
(Address)

MIAMI, FL 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIANNA HERNANDEZ at 305 520-2300
(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

APPROVED
 AND
 FILED
 2019 APR 25 PM 12:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FDG CORDOVA PALMS LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

11/20/2007

(Date registered with Florida Department of State)

M07000006819

(Florida Document Number)

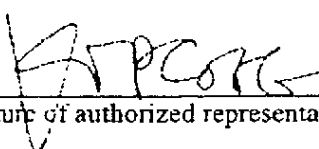
This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

2019 APR 25 PM 12:51
RECEIVED
FLORIDA DEPARTMENT OF STATE
CORPORATION SERVICES DIVISION

APPROVED
AND
FILED



(Signature of authorized representative)

KOLLEEN O.P. COBB

(Typed or printed name of signee)

Filing Fee: \$25.00