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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

LLC DISSOLUTION OR WITHDRAWAL FDG CORDOVA PALMS LLC

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COVER LETTER

	tration Section ion of Corporations			
	TOG CORDOVA PALMS LLC			
SUBJECT	(Name of For	eign Limited Liability	Сотрапу)	
Dear Sir or Ma	adam:			
The enclosed v	withdrawal and fec(s) are submitted	d for filing.		
Please return a	Il correspondence concerning this	matter to the following	:	
KOLLEEN C				
	(Name of Person)			
				28
				
	(Firm/Company)			
117 NE IST	VENUE, HTH FLOOR			
****	(Address)		-	
MIAMI, FL 3	3132			***************************************
	(City/State and Zip Cod	e)	•	
For further inf	ormation concerning this matter, p	lease call:		
BRIANNA H	ERNANDEZ		520-2300	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclosed is a	check for the following amount:			
□ \$25 Filing	Fee \$30 Fiting Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

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)
(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:
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 on
(Signature of authorized representative)
KOLLEEN O.P. COBB
(Typed or printed name of signee)

Filing Fee: \$25.00

APPROVEL