

M07000006821  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FLAGLER DEVELOPMENT GROUP,  
Account Number : 120020000144  
Phone : (305)520-2344  
Fax Number : (305)520-2400

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 AUG 31 PM 2:08

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LLC DISSOLUTION OR WITHDRAWAL  
FDG SUNRISE CORPORATE PLAZA LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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SEP 01 2015  
J. HARRIS

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FDG SUNRISE CORPORATE PLAZA 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:

Kolleen Cobb

(Name of Person)

(Firm/Company)

2855 Le Jeune Rd., 4th Floor

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Alvarez

(Name of Person)

at ( 305 ) 520-2366

(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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

FDG SUNRISE CORPORATE PLAZA LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

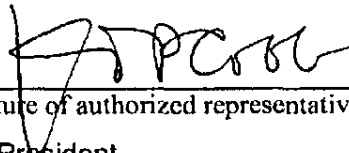
11/20/2007

\_\_\_\_\_  
(Date registered with Florida Department of State)

M07000006821

\_\_\_\_\_  
(Florida Document Number)

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



\_\_\_\_\_  
(Signature of authorized representative)

Kolleen Cobb, Vice President

\_\_\_\_\_  
(Typed or printed name of signee)

Filing Fee: \$25.00

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