

From:

08/31/2015 16:20

#131 P.001/003

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 FLAGLER STATION I LLC**

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

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15 AUG 31 PM 1:35
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

SEP 01 2015

S. YOUNG

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Help

From:

08/31/2015 16:22

#131 P.002/003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FDG FLAGLER STATION I 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)

305

520-2366

at ()

(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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08/31/2015 16:22

#131 P.003/003

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FDG FLAGLER STATION I LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/20/2007

(Date registered with Florida Department of State)

M07000006833

(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)

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TALLAHASSEE, FL 32304

Filing Fee: \$25.00