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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 CENTER I LLC

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

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SEP 0 1 2015

S. YOUNG

## **COVER LETTER**

Registration Section

I	Division of Corporations				
orib iko	FDG FLAGLER CENTER I LLC				
SUBJEC	(Name of Foreign Li	mited Liab	ility Company)	<del></del>	
Dear Sir o	or Madam:				
The enclo	sed withdrawal and fee(s) are submitted for fil	ing.			
Please ret	urn all correspondence concerning this matter	to the follo	wing:		
Kolleer	n Cobb				
	(Name of Person)				
	(Finn/Company)	"			
2855 L	e Jeune Rd., 4th Floor				
	(Address)		<del></del>		
Coral C	Sables, FL 33134			A	
	(City/State and Zip Code)				
For furthe	er information concerning this matter, please ca	ail:		AUG 3	<del></del>
Jessica	a Alvarez	305 at (	520-2366		
	(Name of Person)	(Area Co	ode & Daytime Telephone Number	, -	· • • • • • • • • • • • • • • • • • • •
]	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	R E P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	TATE TABA	

Tallahassee, Florida 32301

## Enclosed is a check for the following amount:

2 \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

□ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fec, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FDG FLAGLER CENTER I LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
11/20/2007	
(Date registered with Florida Department of State)	
M0700006839	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this s	state.
GOPC686	
(Signature of authorized representative)	Mar & .
Kolleen Cobb, Vice President	<b>一</b>
(Typed or printed name of signee)	
	ر ا احد ا

Filing Fee: \$25.00