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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

n' : FLAGLER DEVELOPMENT GROUP LI : 120020000144 : (305)520-2344

Account Number : I20020000144

Phone

Fax Number

: (305)520-2400

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## LLC DISSOLUTION OR WITHDRAWAL FDG RAIL HOLDINGS 7 LLC

Certificate of Statu	S		0
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Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

TO:	Registration Division of	Section Corporations	. 25	PEFT)	
SUBJI	FDG	Rail Holdings 7 LLC		r.	
30202		(Name of Fo	reign Limited L	ability (	Company)
Dear S	ir or Madam:			M).	
The en	The enclosed withdrawal and fee(s) are submitted for filing.				•
Please	return all corr	espondence concerning this	matter to the fo	llowing	:
Attn:	Legal Dep	eartment			
		(Name of Person)			•
				<u>.</u>	
		(Firm/Company)			
2855	Le Jeune	Rd., 4th Floor		14	,
		(Address)		4520-12	7.
Cora	l Gables, F	1 33134		<b>1</b> )	
		(City/State and Zip Cod	(c)	**	
		(city/out/2 and 2 ip coc		•	
For fun	ther information	on concerning this matter, p	lease call:		
Jessi	ca Perez		, 305	·	520-2366
<del></del>	(Na	ime of Person)	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			
Enclose	ed is a check	for the following amount:			
<b>2</b> \$25	Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing I Certified Co		\$60 Filing Fee, Certificate of Status & Certified Copy
				2.74	۲.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
oldings 7 LLC	*;		
(Name o	of limited liability company)		
(Juriso	diction of its organization)		
	•		
(Date registered	with Florida De, artment of State)		
329			
(Flor	rida Document Number)		
ability company is withdr	awing its certificate of authority in	this state.	
	A MCOGG		
(Signatur	e of anthorized representative)		
Kolleen Cobb, Vice Pr	esident		(CORTA)
(Type	d or printed name of signee)		<b>4</b>
	rø.	#E 3	Distance.
	ì		
	77		MEN COMMA
			interpretal.
	(Jurison (Date registered (B29)) (Floor ability company is withdrown (Signatur Kolleen Cobb, Vice Pr	(Name of limited liability company)  (Jurisdiction of its organization)  (Date registered with Florida De, artment of State)  (Florida Document Number)  ability company is withdrawing its certificate of authority in  (Signature of authorized representative)  Kolleen Cobb, Vice President  (Typed or printed name of signee)	(Name of limited liability company)  (Jurisdiction of its organization)  (Date registered with Florida De, artment of State)  329  (Florida Document Number)  ability 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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