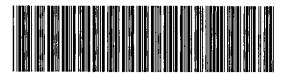
## \*M08000000651

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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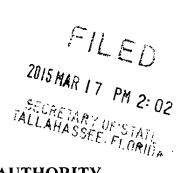


KSALY EXAMINER APR - 8 2015

## **COVER LETTER**

TO:

TO:	Registra Division		ection rporations		
SUBJEO	G <sub>τ</sub> . G	&I VI I	BAY COVE LLC		
SUBJE	- <b>1.</b>		(Name of For	eign Limited Liability C	ompany)
Dear Sir	or Mada	lam:			
The encl	osed wit	thdrawa	ıl and fee(s) are submitted	l for filing.	
Please re	eturn all	corresp	ondence concerning this	matter to the following:	
Indira	Negro	on			
			(Name of Person)		
C/O D	RA Ad	dvisor	s LLC		
			(Firm/Company)		
220 E	ast 42	nd St	reet, 27th Floor		
			(Address)		
New \	ork, N	NY 10	017		
			(City/State and Zip Code	e)	
For furth	ner infor	rmation	concerning this matter, p	lease call;	
Indira	Negro	on		212 at ( )	697-4740
		(Name	of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			ection rporations ag e Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclose	d is a ch	heck fo	the following amount:		
<b>☑</b> \$25 F	iling Fe	ee l	□ \$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

G&I VI BAY COVE LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
02/07/2008
(Date registered with Florida Department of State)
M0800000651
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
bavid Cray
(Typed or printed name of signee)

Filing Fee: \$25.00