

M08000001189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

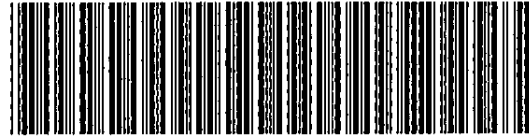
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 16 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARM 3 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:

Arthur R. Marshall
(Name of Person)

Duf
(Firm/Company)

4255 US Hwy 1 South
Suite 18-R4
St. Augustine, FL 32086

(Address)

4255 US Hwy 1 South
Suite 18-R4
St. Augustine, FL 32086

4255 US Hwy 1 South
Suite 18-R4
St. Augustine, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur Marshall at 904 797 7647
(Name of Person) (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

Filing Fee: \$25.00