4/25/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 : (305)520-2344 Phone

Fax Number : (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL FDG JOHN YOUNG PARKWAY LLC

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Help

COVER LETTER

	on Section of Corporations			
	JOHN YOUN PARKWAY I	LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madan	n:			
The enclosed with	drawal and fee(s) are submitte	d for filing.		
Please return all ee	prrespondence concerning this	matter to the following	; :	
KOLLEEN COR	3			
	(Name of Person)		_	
				~ 3
	(Firm/Company)		·-	2019 APR 176 CORE
	(Firm/Company)			THE REAL TO
117 NE IST AVE	NUE, 11TH FLOOR			R25 PHIZ: 51
	(Address)		_	
MIAMI, FL 33132	2			100 to 10
	(City/State and Zip Coo	ic)		
For further inform	ation concerning this matter, p	olease call;		
BRIANNA HERN	NANDEZ	305	520-2300	
((Name of Person)	at (at (Area Code &	Duytime Telephone Number)	
Registrati Division o Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ee, Florida 32301	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 bassee, Florida 32314	
Enclosed is a chec	ck 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	:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FDG JOHN YOU	ING PARKWAY LLC			
	(Name of limited liability company)			_
DELAWARE				
	(Jurisdiction of its organization)	22-50	2019	_
06/17/2008		三二	9 🗚	Ts.
	(Date registered with Florida Department of State)		70	<u>_</u> _
M08000002845		類章	25	E A A
	(Florida Document Number)		PM 12:	13 V
	ability company is withdrawing its certificate of authority in this s	7:1	<u>ഗ</u>	
Effective Date,	if other than the date of filing:	(options		
	date is listed, the date must be specific and cannot be prior to data ays after filing.)	te of filing (or	
	te inserted in this block does not meet the applicable statutory fili ot be listed as the document's effective date on the Department o			
tins date with it	of the fished as the accument is effective date on the population of	- Dialo 5 100		1
	FAPC816			
	(Signature of authorized representative)			
	KOLLEEN O.P. COBB			
	(Typed or printed name of signee)	<u> </u>		

Filing Fee: \$25.00