

M08000003364

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL  
MIAMI MEI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

15 OCT 28 AM 10:12

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Electronic Filing Menu

Corporate Filing Menu

OCT 29 2015

S. YOUNG Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami MEI, 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:

Peter Sturzinger  
(Name of Person)

Deutsche Bank  
(Firm/Company)

60 Wall Street - MS NYC60-2525  
(Address)

New York, NY 10005  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Peter Sturzinger at 212 250-5591  
(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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Miami MEI, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

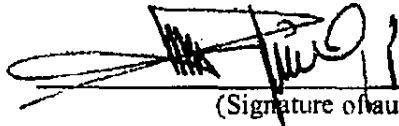
07/17/2008

\_\_\_\_\_  
(Date registered with Florida Department of State)

M08000003364

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



\_\_\_\_\_  
(Signature of authorized representative)

Peter Sturzinger

\_\_\_\_\_  
(Typed or printed name of signee)

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15 OCT 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**