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)222-1092 Fax Number : (850)878-5368

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LLC DISSOLUTION OR WITHDRAWAL SPIRIT MT WINTER GARDEN FL, LLC

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

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Electronic Filing Menu

Corporate Filing Menu

Help

MAY -1 2013

T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Spirit MT	Winter Garden FL, LLC		
		eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdrawa	l and fee(s) are submitted	for filing.	
Please return all correspond	ondence concerning this	matter to the following:	
	(Name of Person)		
	(
Spirit MT Winter Garde			
	(Firm/Company)		
	(Address)		
	(City/State and Zip Cod	c)	
		,	
For further information	concerning this matter, p	lense call:	
		at ())
(Name	of Person)	(Area Code & l	Daytime Telephone Number)
STREET/COU Registration Se	JRIER ADDRESS:		ING ADDRESS: ation Section
Division of Co			a of Corporations
Clifton Buildin			ox 6327
2661 Executive			assec, Florida 32314
Tallahassee, Fl		<u> </u>	, c
Enclosed is a check for	the following amount:		
□ \$25 Filing Fee □	2 \$30 Filing Fee & Certificate of Status	Cl \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Spirit MT Winter Garden FL, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
8/25/08
(Date registered with Florida Department of State)
M08000003904
(Florida Document Number)
This limited liability company withdrawing its certificate of authority in this state.
Jan Bury
(Signature of authorized representative)
Joni Barrett, Authorized Person
(Typed or printed name of signee)

Filing Fce: \$25.00

FILED
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