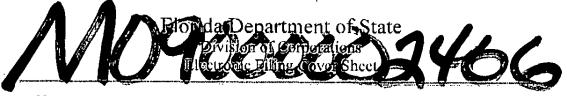
12/5/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002969063)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL DORAL ET PHASE LLC

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

DIVISION OF CORPOR MICHS

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS DEC 0 6 2015

COVER LETTER

TO:			Section Corporations			
SUBJE	CT:	Doral E	22 Phase LLC			
		_	(Name of F	oreign Limited Liabil	lity Company)	
Deur Si	le or N	iņdam:				
The end	closed	withdra	wal and fee(s) are submitt	ed for filing.		
Please	réturn	all corr	espondence concerning thi	s matter to the follow	·ving:	
Tara N	lyack			,		
			(Name of Person)			
Strooci	k & S	troock 8	Lavan LLP			
			(Pirm/Company)			
180 M	aiden	Lane, R	oom 3916			
			(Address)			
New Y	ork,)	Y 1003	R			
			(City/State and Zip Co	ide)		
For fun	her in	formatic	on concerning this matter,	please call:		
New Y	ork, N	Y 1003	8	at (212	₎ 806.5630	
		(Na	ane of Person)		de & 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				
Enclose	ed is a	check	for the following amount	;		
□ \$25 ·1	Filing	Fee .	□ \$30 Filing Fee & Certificate of Status	\$55 Piling Fee & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Dorai El Priose GLC
(Name of limited liability company)
Delnware
(Jurisdiction of its organization)
June 26, 2009
(Date registered with Florida Department of State)
M09000002466
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Coller
(Signature of authorized representative)
Ethel Gavrilova, Authorized Person
(Typed or printed name of signee)

Filing Fee: \$25.00

16 DEC -5 AM 8: 17 DIVISION OF BUREPOLATIONS