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 : (614)280-3338

Fax Number : (954)208-0845

OEC -5 AH OF 8

LLC DISSOLUTION OR WITHDRAWAL DORAL A2 PHASE LLC

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COVER LETTER

TO: Registration Division of	n Section Corporations		
Doral	A2 Phase LLC		
donanci,	(Name of Fe	oreign Limited Liability	Company)
Dear Sir or Madam;			
The enclosed withdr	awal and fee(s) are submitt	ed for filing.	
Please return all corr	respondence concerning thi	s matter to the followin	ਨੂੰ:
Tara Nyack			
	(Name of Person)		-
Stroock & Stroock	& Layan LLP		
	(Firm/Company)		-
180 Maiden Lane,	Room 3916		
	(Address)		-
New York, NY-100	938		
	(City/State and Zip Co	de)	
For further informati	on concerning this matter,	please cali:	
Alix Roberts		212 at (806-6551
(N	ame of Person)		& 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		stration Section ion of Corporations Box 6327	
Enclosed is a check	for the following amount	:	
□ \$25 Filing Fee	© \$30 Filing Fee & Certificate of Status	R55 Filing Fee & Certified Copy	Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Doral A2 Phase LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
June 26, 2009	
(Date registered with Florida Department of State)	
M09000002482	76
(Florida Document Number)	OEC
This limited liability company is withdrawing its certificate of authority in this state.	5-3
<u>den</u>	AM IO. QO
(Signature of authorized representative)	9
Ethel Gavrilova, Authorized Person	_
(Typed or printed name of signee)	

Filing Fee: \$25.00