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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

LLC DISSOLUTION OR WITHDRAWAL DORAL A5 PHASE LLC

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T. HAMPTON

12/13/2012

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COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJI	SUBJECT: Doral A5 Phase LLC			
		(Name of Fe	oreign Limited Ulability (Company)
Dear S	ir or Madam:			
The.er	ciosed withdi	awal and fee(s) are submitt	ed for filing.	
Please	return all cor	respondence concerning thi	s matter to the following	:
·		Tara Nyack		
		(Name of Person)		
	Stroock	& Stroock & Lavan Ll (Piew/Compuny)	P	
		180 Maiden Lane (Address)		
		New York, NY (City/State and Zip Co		
For fu	ther informat	ion concerning this matter,	please call:	
		h Simmons	at (212	806-6527
	(N	ame of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tgllahassee, Plorida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclos	od 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

FL090 - (2AB/2012 Wolson Khover Cning

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Doral A5 Phase LLC (Name of limited liability company)	_
(righte of finited habitity outpairy)	
Delaware (Jurisdiction of its organization)	
M09000002487 (Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrenders is authority to transact business in this state.	its
This limited liability company revokes the authority of its registered agent to accept service on ibehalf and appoints the Department of State as its agent for service of process based on a cau of action arising during the time it was authorized to transact business in Florida.	its se
P.O. Box 5005 (Mailing address)	
New York, NY 10163 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any changin its mailing address.	ge
(Signature of member or authorized representative of a member)	
Ethel Gavrilova, Authorized Person	3
(Typed or printed name of signee)	
· ·	1. T. T.

Filing Fee: \$25.00

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