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

LLC DISSOLUTION OR WITHDRAWAL DORAL A4 PHASE LLC

Certificate of Status	0
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Page Count	03
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https://efile.sunbiz.org/scripts/efilcovr.exe

10/14/2010

COVER LETTER

	of Corporations		
SUBJECT: Dor	nl A4 Phase LLC		
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madau	1:		
The enclosed with	drawal and fec(s) are submitt	ed for filing.	
Please return all co	rrespondence concerning this	s matter to the following	ŗ.
Turn Nyack			
	(Name of Person)		•
Stroock & Stroock	& Lavan LLP	_	
	(Firm/Company)		
180 Muiden Lune			
	(Address)		
New York, New Y	ork 10038		
	(City/State and Zip Cor	le)	
For further informs	tion concerning this matter,	please call:	
Patricia E. Negron		at (212) 806-5630 Daytime Telephone Number)
Q	Name of Person)	(Area Code &	Daytime Telephone Number)
Registration of Chifton Bu 2661 Exec	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Hox 6327 Tallahassee, Florida 32314		ration Section on of Corporations ox 6327
Enclosed is a chec	k for the following amount:		
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Piling Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

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

Doral A4 Phase LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M09000002500
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
P.O. Box 5005
(Mailing address)
New York, New York 10163
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Koala Miardi Really Holding Co., Inc., its sole member
(Signature of member or authorized representative of a member)
Ethel Gavrilova, Vice President and Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00