## M/000000 2023

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200321589072

12/12/18--01019--007 \*\*150.00

Louand rains

DEC 2 1 2018

D CUSHING

## **COVER LETTER**

	Registration Division of	Section Corporations			
		Y SHORES RESORT FLO	RIDA, LLC		
SUBJEC	1;	(Name of Fo	reign Limited Liabili	ty Company)	
Dear Sir o	r Madam:				
The enclos	sed withdra	iwal and fee(s) are submitte	ed for filing.		
Please reti	urn all corr	espondence concerning this	matter to the follow	ing:	
Anders La	aren. Senio	r Managing Director			
		(Name of Person)		_	
RAIT Fin	ancial Trus	<b>v</b> (			
		(Firm/Company)		_	
Two Loga	an Square.	100 N. 18th Street, 23rd Flo	our		
		(Address)			
Philadelpl	hia, PA 19	103			
		(City/State and Zip Coc	le)	_	 
For further	r informati	on concerning this matter, p	olease call:		
Anders La	anen		215 _ at (	207-2093	, s.;
-	tN;	ane of Person)	(Area Code	2 & Daytime Telephone Number)	
R D C 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2064 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed	ís a check	for the following amount:			
■ \$25 Fili	ing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee 8 Centified Copy	E □ \$60 Filing Fee. Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

UNNY SHORES RESORT FLORIDA, LLC
(Name of limited liability company)
elaware
(Jurisdiction of its organization)
05/2010
(Date registered with Florida Department of State)
10000002023
(Florida Document Number)
ffective Date, if other than the date of filing:
(Signature of authorized representative)
Anders Laren
(Typed or printed name of signee)

Filing Fee: \$25.00