

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M10000002394**

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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

**LLC DISSOLUTION OR WITHDRAWAL  
EAGLE FL VI SPE, LLC**

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

**FILED**  
2016 OCT 25 A 12:04  
SECRETARY OF STATE  
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**D. BRUCE**  
**OCT 26 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAGLE FL VI SPE, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katrina D. Ramey

(Name of Person)

BB&T

(Firm/Company)

200 West Second St., 3rd Floor

(Address)

Winston-Salem, NC 27101

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Galfo

(Name of Person)

at 336 733-2426  
(Area Code & 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

Enclosed 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT 25 A 12:01

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EAGLE FL VI SPE, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

May 25, 2010

(Date registered with Florida Department of State)

M10000002394

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Gary A. Herring

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT 25 A 12:04

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Filing Fee: \$25.00