

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL SPUSV5 PEMBROKE PINES, LLC

Certificate of Status	0
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SECREMENTS

JULIS 7015 T. GAMPTON

	C	OVER LETTER	•
TO: Registration Division of C			
SUBJECT: SPUSV	5 Pembroke Pines, LLC		
		reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	spondence concerning this	matter to the following:	
Julia G. Sowonik			
	(Name of Person)		
Ropes & Gray LLP			
	(Firm/Company)		
191 N. Wacker Drive	e, FL 32		
	(Address)		
Chicago, IL 60606			
	(City/State and Zip Cod	ie)	
For further information	on concerning this matter, p	lease call:	
Julia G. Sownik		312 at (845-1304)
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of C Clifton Built 2661 Execut	Corporations	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, Florida 32314
Enclosed is a check	for the following amount:		
S \$25 Filing Fee	S30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

7/15/2015 9:46:18 AM From: To: 8506176383(3/3)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SPUSV5 Pembroke Pines, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
07/23/2010
(Date registered with Florida Department of State)
M10000003261
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Deleast Sowousk
(Signature of authorized representative)
Julia G. Sowonik - Authorized Representative
(Typed or printed name of signee)

Filing Fee: \$25.00

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