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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
Phone : (850) 205-8842
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL
4503 NW 103RD AVE., CORAL RIDGE SUNRISE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$55.00 |

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4503 NW 103RD AVE., CORAL RIDGE SUNRISE, 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:

BRIAN SHATZ

(Name of Person)

4503 NW 103RD AVE., CORAL RIDGE SUNRISE, LLC

(Firm/Company)

825 3RD AVE FL 37

(Address)

NEW YORK, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

CARISSA ANDERSON

(Name of Person)

646

442-4220

at (

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

4503 NW 103RD AVE., CORAL RIDGE SUNRISE, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

OCTOBER 13, 2010

(Date registered with Florida Department of State)

M10000004524

(Florida Document Number)

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

/s/ Brian Shatz

(Signature of authorized representative)

BRIAN SHATZ

(Typed or printed name of signee)

Filing Fee: \$25.00

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