

12/29/2017

2017-12-29 12:02:57 CST

12/29/2017 3:35:13 PM From: Kimberly Laughrey

**M10 0000 04776**

Division of Corporations

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 : (512)418-6949  
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL  
PARK EAST PLAZA 330 LLC

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

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FAX

17 DEC 29 AM 7:58  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Park East Plaza 130 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:

Vivian Chang

(Name of Person)

Square Mile Capital Management LLC

(Firm/Company)

350 Park Avenue

(Address)

New York, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Vivian Chang

(Name of Person)

212

616-8174

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**

Park East Plaza 130 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/28/2010

(Date registered with Florida Department of State)

M10000004776

(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Daniel Kasell, Authorized Signatory

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA  
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**Filing Fee: \$25.00**