

**M10000005181**

## 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 : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
ARL SOUTH BEACH MANAGEMENT LLC**

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

RECEIVED  
12 OCT 19 PM 12:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED  
12 OCT 19 AM 7:28

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARL SOUTH BEACH MANAGEMENT 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:

Cynthia Warren  
(Name of Person)

Pyramid Hotel Group  
(Firm/Company)

One Post Office Square, Suite 3100  
(Address)

Boston MA 02109  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Warren at ( 617 ) 412-2886  
(Name of Person) (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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA

ARL SOUTH BEACH MANAGEMENT LLC

(Name of limited liability company)

Massachusetts

(Jurisdiction of its organization)

M10000005181

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

ONE POST OFFICE SQUARE SUITE 3100

(Mailing address)

BOSTON MA 02109

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Christopher Devine

Christopher Devine Authorized person

(Typed or printed name of signee)

Filing Fee: \$25.00

FL470 - 03/16/2010 CT System Online

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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