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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 THE LANDINGS AT CORAL CREEK, LLC

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: THE LANDINGS AT CORAL CREEK, LLC (Name of Foreign Limited Liability Company) Dear Sir or Madem: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Pania A. McCarthy (Name of Person) THE LANDINGS AT CORAL CREEK, LLC (Firm/Company) 665 SIMONDS ROAD (Address) WILLIAMSTOWN, MA 01267 (City/State and Zip Code) For further information concerning this matter, please call: 458-5220 Paula McCarthy 413 (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Talinhassec, Florida 32314 Tallahassea, Florida 32301 Enclosed is a check for the following amount: 🔾 \$25 Filing Fee 🔾 \$30 Filing Fee & 🗅 \$55 Filing Fee & 🗅 \$60 Filing Fee, Certificate of Status Cardified Copy Certificate of Status & Centified Copy

FL070 - 13933/2015 Walters Khroer Onfin-

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

THE LANDINGS AT CORAL CREEK, LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
m11000000305	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surre- authority to transact business in this state.	nders its
This limited liability company revokes the authority of its registered agent to accept service of process based or service of process based or action arising during the time it was authorized to transact business in Florida.	ice on its n a cause
665 SIMONDS ROAD	
(Mailing address)	
WILLIAMSTOWN, MA 01267	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of ar in its mailing address.	ry change
Paule Si Miller	
(Signature of member or authorized representative of a member)	<u>μ</u> (μ. ω
PAULA A. MCCARTHY	
(Typed or printed name of signee)	ω
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Filing Fee: \$25.00

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