

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 : FCA000000C23  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL  
PRESERVE AT BAL HARBOR, LLC

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

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FALLAHASSEE, FLORIDA

2016 AUG 16 PM 3:45

AUG 17 2016

S. YOUNG

16 AUG 16 AM 10:41

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SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRESERVE AT BAL HARBOR, 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:

Tracy Desautels  
-----  
(Name of Person)

PRESERVE AT BAL HARBOR, LLC  
-----  
(Firm/Company)

665 Simonds Road  
-----  
(Address)

Williamstown, MA 01267  
-----  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Desautels 413 458-4534  
----- at ( ) -----  
(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

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**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**


PRESERVE AT BAL HARBOR, LLC  
(Name of limited liability company)

DELAWARE  
(Jurisdiction of its organization)

01/28/2011  
(Date registered with Florida Department of State)

M11000000421  
(Florida Document Number)

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

  
(Signature of authorized representative)

Tracy Desautels  
(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**