M11000000973

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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2017 AUG 14 AM 8: 4 SEURETANY OF STA

J. HAFRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 764546 158900A

AUTHORIZATION : COST LIMIT : \$ 25.00

ORDER DATE : August 11, 2017

ORDER TIME : 4:0 PM

ORDER NO. : 764546-015

CUSTOMER NO: 158900A

DOMESTIC FILINGS

NAME: PNL NEW ERA, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS:

COVER LETTER

| TO: Registration Division of 0 | | | |
|--|--|---|---|
| PNL NI | EW ERA, LLC | | |
| SUBJECT: | (Name of Fore | eign Limited Liability C | ompany) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | wal and fee(s) are submitted | I for filing. | |
| Please return all corre | espondence concerning this | matter to the following: | |
| EMILY REEVES | | | |
| | (Name of Person) | | |
| PNL NEW ERA, LL | с | | |
| | (Firm/Company) | | |
| 2100 ROSS AVE, S | UITE 2900 | | |
| | (Address) | | |
| DALLAS, TX 7520 | 1 | | |
| 4 | (City/State and Zip Cod | e) | |
| For further information | on concerning this matter, p | lease call: | |
| EMILY REEVES | | 214 at (| 379-9000 |
| (Na | ame of Person) | | 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 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2017

CSC MELISSA ZENDER

SUBJECT: PNL NEW ERA, LLC Ref. Number: M11000000973

We have received your document for PNL NEW ERA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00016626

Submission date the file date

SECULIA DE LE EN 1: 54

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| PNL NEW ERA, LLC |
|--|
| (Name of limited liability company) |
| DE |
| (Jurisdiction of its organization) |
| 02/24/2011 |
| (Date registered with Florida Department of State) |
| M11000000973 |
| (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 |
| (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) |
| (Signature of authorized representative) |
| SCOTT KOCUREK, MANAGER OF PNL NEW ERA, LLC |
| (Typed or printed name of signee) |

Filing Fee: \$25.00

SECRETARY OF STATE