

MI11000001314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2016 DEC 12 A 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
16 DEC 12 PM 2:00  
SUFFICIENCY OF FILING

D. BRUCE  
DEC 13 2016

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

ACCOUNT NO. : I20000000195  
REFERENCE : 409022 4320946  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : December 12, 2016  
ORDER TIME : 11:17 AM  
ORDER NO. : 409022-005  
CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 107-213 WEST BLOOMINGDALE  
AVENUE HOLDINGS, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 107-213 West Bloomingdale Avenue Holdings, 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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ 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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

107-213 West Bloomingdale Avenue Holdings, LLC

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

3/14/2011

(Date registered with Florida Department of State)

M11000001314

(Florida Document Number)

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

*Sharmila Das*

(Signature of authorized representative)

Sharmila Das, Authorized Person

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC 12 A 10:53

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**Filing Fee: \$25.00**