

M1100000 2656

(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:

Office Use Only



300319184333



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10/04/18--01017--010 *\$165.00

FILED
2018 OCT -4 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FL

0120
S. PRATHER

October 2, 2018

Via Fed Ex Overnight
Florida Division of Corporations
2661 Executive Center Circle West
Tallahassee, FL 32301

Re: Filing of Certificates of Withdrawal for 3 LLCs

Dear Sir or Madam:

At the request of Wade Stribling of this firm, please find enclosed this firm's check in the amount of \$165.00 representing payment for the filing of the 3 enclosed Certificates of Withdrawal for the following entities.

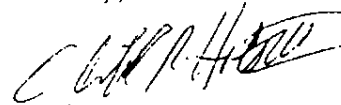
- 1331 Prudential Holdings, LLC (document number M11000002662)
- 1331 Prudential Holdings Manager, LLC (document number M11000002653)
- 1331 Prudential Operator, LLC (document number M11000002656)

Please process these as soon as possible and return the evidence to my attention in the enclosed, self-addressed Fed Ex envelope as soon as possible.

If you should have any questions or need further information, please call me at 404-853-8224.

Thanks for your help with this.

Sincerely,



Clifford R. Holt, III
Paralegal

Enclosures

cc: Wade H. Stribling, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1331 Prudential Operator, 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:

Charles A. Bray

(Name of Person)

Blueshore Investments & Management, LLC

(Firm/Company)

P.O. Box 3019

(Address)

Gainesville, GA 30503

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles A. Bray at (678) 943-8711

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

1331 Prudential Operator, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

May 24, 2011

(Date registered with Florida Department of State)

MI1000002656

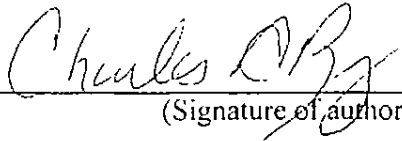
(Florida Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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 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)

Charles A. Bray

(Typed or printed name of signee)

Filing Fee: \$25.00