

M110000004265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

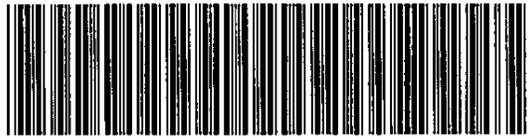
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 16 P 1:05

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I PLAZA 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:

Herb Gunasekera
(Name of Person)

I PLAZA LLC
(Firm/Company)

1416 E Linden Ave
(Address)

Linden NJ 07036
(City/State and Zip Code)

For further information concerning this matter, please call:

Herb Gunasekera at (908) 583-9300
(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

I PLAZA LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

8/24/2011

(Date registered with Florida Department of State)

M11000004265

(Florida Document Number)

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



(Signature of authorized representative)

Albert Palacci

(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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