

M11000005411

To: Page 2 of 4

2017-12-13 16:35:36 CST

12122023573 From: Kimberly Laughrey

12/13/2017

Division of Corporations

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 : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
MCRT PEMBROKE PINES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2017 DEC 14 AM 9:02

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J. LEGGETT
DEC 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCRT Pembroke Pines 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:

Amy R. Estes

(Name of Person)

MCRT Pembroke Pines LLC

(Firm/Company)

2001 Bryan Street, Suite 3275

(Address)

Dallas, Texas 75201

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlotte E. Wolverton, Paralegal

(Name of Person)

214

969-4567

at ()

(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

MCRT Pembroke Pines LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

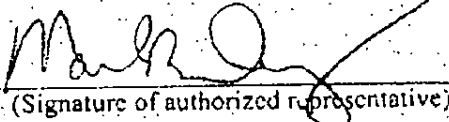
October 26, 2011

(Date registered with Florida Department of State)

M11000005411

(Florida Document Number)

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



(Signature of authorized representative)

Mark R. Dempsey, Authorized Person

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00