

4/6/2017

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M1100005519**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL**  
**PAB REALTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 APR -6 AM 10:28

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2017-04-06 07:50:33 CST

12122023573 From: Kimberly Laughrey

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAB REALTY, 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:

GUARAC ARDASQASTA - LP LEGAL  
(Name of Person)

FLORIDA COMMUNITY BANK NA.  
(Firm/Company)

3500 GULFSTREAM ROAD, SUITE 300  
(Address)

GULFSTREAM, FL 33331  
(City/State and Zip Code)

For further information concerning this matter, please call:

GUARAC ARDASQASTA at (305) 618 5456  
(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**

PAB REALTY LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

11-2-2011  
(Date registered with Florida Department of State)

M11000005519  
(Florida Document Number)

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

[Signature]  
(Signature of authorized representative)

James E. Baitea  
(Typed or printed name of signee)

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**Filing Fee: \$25.00**