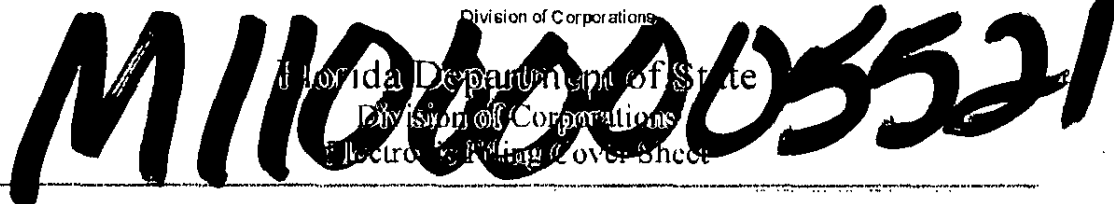


4/6/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

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 RESIDENTIAL HOLDINGS LLC

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

2017 APR -6 AM 10:28

DALE H. HARRIS, CLERK

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O SIMMONS
APR 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAB RESIDENTIAL 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:

George Arasgastin - LP Legal
(Name of Person)

FLORIDA COMMUNITY BANK NA
(Firm/Company)

2500 WALTON ROAD, SUITE 300
(Address)

WALTON, FL 32331
(City/State and Zip Code)

For further information concerning this matter, please call:

George Arasgastin 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 RESIDENTIAL HOLDINGS, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

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

M110000005521
(Florida Document Number)

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


(Signature of authorized representative)

James S. Bate
(Typed or printed name of signee)

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Filing Fee: \$25.00