

12/5/2014 11:41:17 From: To: 8506176383

Division of Corporations

(1/3)
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M11000005805

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 : (850) 222-1092
Fax Number : (850) 878-5368

2014 DEC -5 PM 3:33
SECRETARY OF STATE
FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
LANDMARK AT WOODLAND TRACE GP LLC**

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

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK AT WOODLAND TRACE GP 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:

Terri McLaughlin

(Name of Person)

Landmark Residential, LLC

(Firm/Company)

3505 E Frontage Road, Suite 150

(Address)

Tampa, FL 33607-1703

(City/State and Zip Code)

For further information concerning this matter, please call:

Terri McLaughlin

(Name of Person)

813

at (

281-2907

) (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

2014 DEC -5 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LANDMARK AT WOODLAND TRACE GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/17/2011

(Date registered with Florida Department of State)

M11000005805

(Florida Document Number)

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

(Signature of authorized representative)

Joseph Lubeck

(Typed or printed name of signer)

Filing Fee: \$25.00