A11000006174

| (Req | uestor's Name) | _ |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Doc | ument Number) | |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to Fi | iling Officer | |
| Opecial histractions to Fi | illing Officer. | |
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Office Use Only



03/24/14--01046--024 **30





COVER LETTER

| Division of | Corporations | | |
|--|-------------------------------|---|---|
| RCS | - Corkscrew Lakes, L | LC | |
| SUBJECT: | (Name of For | eign Limited Liability C | Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | awal and fee(s) are submitted | d for filing. | |
| Please return all corr | espondence concerning this | matter to the following: | |
| Terri A. Soucie | | | |
| | (Name of Person) | | |
| Real Capital Sc | olutions, Inc. | | |
| | (Firm/Company) | | |
| 371 Centennial | Parkway, Suite 200 | | |
| | (Address) | | |
| Louisville, CO | 30027 | | |
| | (City/State and Zip Cod | e) | |
| For further informati | on concerning this matter, p | lease call: | |
| Terri A. Soucie | | 303 | 466-2500 |
| (N | ame 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 | | □ \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| RCS - Corkscrew Lakes, LLC | | | |
|---|--|--|--|
| (Name of limited liability company) | | | |
| Colorado | | | |
| | (Jurisdiction of its organization) | | |
| 12/9/11 | | | |
| · —-· · · · · · · · · · · · · · · · · · | (Date registered with Florida Department of State) | | |
| M11000006174 | | | |
| | (Florida Document Number) | | |

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

(Signature of authorized representative)

Sharon K. Eshima, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00