

112000001035

4/20/2015 9:48:41 AM From: To: 850-163383 2/3
Division of Corporations

Page Lot 1

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) 205-8842
Fax Number : (850) 878-5368

FILED
2015 APR 20 AM 11:48
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
PYRAMID SAWGRASS MANAGEMENT LLC**

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

15 APR 20 AM 10:00
BUSINESS SERVICES

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K. SALY
EXAMINER
APR 21 2015

4/20/2015 9:45:41 AM From: To: 8506176383(2/3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pyramid Sawgrass Management 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:

Cynthia Warren

(Name of Person)

Pyramid Hotel Group

(Firm/Company)

ONE POST OFFICE SQUARE SUITE 3100

(Address)

Boston, MA 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

Olga Hinkel

(Name of Person)

800

225-2034

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

FILED
2015 APR 20 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Pyramid Sawgrass Management LLC

(Name of limited liability company)

Massachusetts

(Jurisdiction of its organization)

02/23/2012

(Date registered with Florida Department of State)

M12000001035

(Florida Document Number)

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



(Signature of authorized representative)

Christopher Devine, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00