

M12000001812

Florida Department of State  
Division of Corporations  
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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

LLC DISSOLUTION OR WITHDRAWAL  
8100 WEST HIGHWAY 98 HOLDINGS, LLC

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

RECEIVED

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DIVISION OF CORPORATIONS  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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SEP 26 2014

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8100 WEST HIGHWAY 98 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:

ROBIN KYLE

(Name of Person)

C-III ASSET MANAGEMENT LLC

(Firm/Company)

5221 N. O'CONNOR BLVD., STE. 600

(Address)

IRVING, TEXAS 75039

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN KYLE

(Name of Person)

at ( 972 ) 868-5388

(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**

**8100 WEST HIGHWAY 98 HOLDINGS, LLC**

(Name of limited liability company)

**MARYLAND**

(Jurisdiction of its organization)

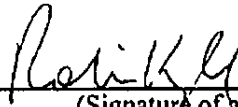
**MARCH 30, 2012**

(Date registered with Florida Department of State)

**M12000001812**

(Florida Document Number)

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



(Signature of authorized representative)

**ROBIN KYLE**

(Typed or printed name of signee)

14 SEP 25 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**