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12/29/2017





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 : (512)418-6949 Phone : (954)208-0845 Fax Number

LLC DISSOLUTION OR WITHDRAWAL SHOPPES AT ARMENIA 142 LLC

AND DESCRIPTION OF THE PARTY OF	
Certificate of Status	()
Certified Copy	U
Page Count	03
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Filing Menu

TO:

COVER LETTER

	istration Section sion of Corporations				•
SUBJECTO	SHOPPES AT ARME	NIA 142 LLC		-	
		Name of Foreig	gn Limited Liab	ility Con	npany)
Dear Sir or N	ladum:				
The enclosed	withdrawal and fee(s)	are submitted f	or filing.		
Please return	ali correspondence con	cerning this m	atter to the follo	wing:	
Viviun Chan	g				
	(Name of I	Person)		 -	
Square Mile	Capital Management L	LC			
et where was a sec	(Firm/Con	(אַחוקו)			
350 Park Av	епие				
	(Acdress)				
New York, I	SY 10022				
	(City/State	and Zip Code)			
For further is	formation concerning t	his matter, plea	se call:		
Vivian Char	g		212 at (, 6	16-8174
	(Name of Person)		(Area Ci	odi & Da	ytime Telephone Number)
Reg Div Clit 266	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Center Circle Tallahassee, Florida 32301 MAILING ADDRES Registration Section Division of Corporation Pivision of Corporation Pivision of Corporation Clifton Building P.O. Box 6327 Tallahassee, Florida 3		on Section of Corporations 6327		
Enclosed is	check for the following	ng amount:			
□ \$25 Filing		Fee & C e of Status	\$55 Filing Fee Cortified Cop		3 \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SHOPPES AT ARMENIA 142 LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
04/20/2012
(Date registered with Florida Department of State)
M12000002208
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements this date will not be listed as the document's effective date on the Department of State's record.
(Signature of authorized representative)
Daniel Kasell, Authorized Signatory
(Typed or printed name of signee)

Filing Fee: \$25.00