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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: P.L. SOUTH FLORIDA ASSOCIATES LC
(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:
EDWARD KIRTMAN (Name of Person)
(Number of Felicolity)
(Firm/Company)
712 TIFTH AVENUE 34TH FLOOR (Address) NEW YORK WY 10019 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (212) 849-6662 (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 Certificate of Status Certified Copy □ \$60 Filing Fee, Certified Copy Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

P. L. South FLORIDA ASSOCIATES LLC (Name of limited liability company)	
(Name of limited liability company)	
DELAWARE	
DELAWARE (Jurisdiction of its organization)	
O6/29/2012 (Date registered with Florida Department of State)	
(Date registered with Florida Department of State)	
M12000003740	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
(Typed or printed name of signee)	2 ⁷
(Typed or printed name of signee)	1 JUL
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Filing Fee: \$25.00