

1/18/2017

Division of Corporations

M12000004633  
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 : (614)280-3338  
Fax Number : (954)208-0845

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CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL  
DAMES POINT PARTNERS I, LLC

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

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JAN 19 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAMES POINT PARTNERS I, 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:

Alex Hurst  
(Name of Person)

Dames Point Partners I, LLC  
(Firm/Company)

1691 Michigan Ave Suite 320  
(Address)

Miami Beach, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Hurst at (212) 850 2208  
(Name 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
- \$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

DAMES POINT PARTNERS I, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

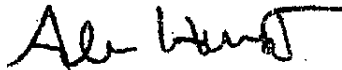
08/09/2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

M12000004633

\_\_\_\_\_  
(Florida Document Number)

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



\_\_\_\_\_  
(Signature of authorized representative)

Alex Hunt

\_\_\_\_\_  
(Typed or printed name of signee)

Filing Fee: \$25.00

17 JAN 18 AM 9:08

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CORPORATION  
STATE OF FLORIDA