MILOGOOUTIL

| (Request | or's Name) | |
|--------------------------------|--------------|-----------|
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| (City/Sta | te/Zip/Phone | ÷#) |
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| (Busines | s Entity Nan | ne) |
| (Docume | ent Number) | |
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B. BOSTICK

FEB 2 0 2014

EXAMINER

COVER LETTER

| TO: Registration Division of | n Section Corporations | | | | |
|--|---|---------------------------------------|--|-----------------|------------------|
| SUBJECT: Fee | d XXIII Panaı | ma City, Fl | _, L.L.C. | | |
| | (Name of Fo | reign Limited Liability | Company) | | |
| Dear Sir or Madam: | | | | | |
| The enclosed withdr | awal and fee(s) are submitte | ed for filing. | | | |
| Please return all corn | respondence concerning this | matter to the following | ; : | | |
| lames S | aad, Esq. | | | | |
| | (Name of Person) | | - | | |
| | · | | | | |
| Saad De | velopment C | orporation | _ | | |
| | (Firm/Company) | | | | |
| 3601 Spring | g Hill Business I | Park Ste. 200 | | | 2614 |
| | (Address) | | - | | B |
| Mobile, A | L 36608 | | | ; <u></u> | رب <u>.</u> د |
| | (City/State and Zip Coo | le) | - | * - } |]> |
| For further informati | ion concerning this matter, p | olease call: | | المستر أن إن | |
| James Sa | aad | _a 251 | 3403602 | • | |
| (N | ame of Person) | (Area Code & | Daytime Telephone Nur | nber) | |
| Registration Division of Clifton Bui 2661 Execu | Corporations | Regis Divisi P.O. I | LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, 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 Sta Certified Copy | tus & | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Fed XXIII Panama City, FL, L.L.C. | |
|--|----|
| (Name of limited liability company) | |
| Alabama | |
| (Jurisdiction of its organization) | |
| 08/21/2012 | |
| (Date registered with Florida Department of State) | |
| M12000004776 | |
| (Florida Document Number) | |
| This limited liability company withdrawing its certificate of authority in this state. | |
| Mal | |
| (Signature of authorized representative) | |
| Gregory B. Saad, Manager | |
| (Typed or printed name of signee) | |
| | 20 |

Filing Fee: \$25.00