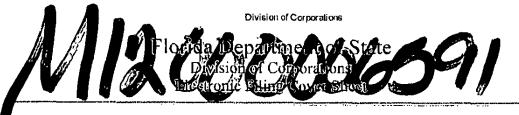
12/2/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002955343)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA800000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL NAPLES LAUREL LLC

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

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DEC 0 5 2018

## COVER LETTER

TO: Registration Division o	on Section f Corporations		
SUBJECT: Naple	s Laurel LLC		
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	3:
Stephanie Briggs			
	(Name of Person)		-
Naples Laurel LLC			
	(Firm/Company)		-
c/o Aspen Square N	Management, 380 Union Stre	et, Suite 300	_
	(Address)		
West Springfield, N	AA 01089		
	(City/State and Zip Coo	le)	-
For further informat	ion concerning this matter, p	please call:	
Stephanie Briggs		413 at (	439-6380
(1)	ame of Person)		Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu Tallahassec	Corporations	Regist Divisi P.O. E Tallah	LING ADDRESS: tration Section on of Corporations Box 6327 assee, Florida 32314
□ \$25 Filing Fee	□ \$30 Piling Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Naples Laurel L	LC .	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
November 27, 20	012	
	(Date registered with Florida Department of State)	
M12000006591		
	(Florida Document Number)	<del></del> _
his limited li	ability company is withdrawing its certificate of authority in this state.	
	(Signature of authorized representative)	
	Fred Anthony	16 DEC -A AH 9: 3
	President	

Filing Fee: \$25.00