M13000000765

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| CC |
| occ ocus |
| |
| |

Office Use Only



600275767546 M13-965 Withdrawal

08/13/15--01014--027 **180.00

60.00



SEP -1 2015 N. CAUSSEAUX

COVER LETTER

TO_i → Registration Section
Division of Corporations

| SUBJECT: Parce | ei 1C Development Li | LC | |
|---|--|------------------------------------|--|
| | (Name of For | reign Limited Liability | Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdr | awal and fee(s) are submitte | d for filing. | |
| Please return all corr | espondence concerning this | matter to the following | 3. |
| Tais Chamadoi | ro | | • |
| | (Name of Person) | | - |
| Odebrecht Con | struction, Inc. | | |
| | (Firm/Company) | | - |
| 201 Alhambra (| Circle, suite 1000 | • | |
| | (Address) | | _ |
| Coral Gables, F | FL, 33134 | | |
| | (City/State and Zip Cod | le) | _ |
| For further informati | on concerning this matter, p | lease call: | • |
| Tais Chamamd | oiro | 305 | 341-8800 |
| (N | ame of Person) | | Daytime Telephone Number) |
| Registration Division of Clifton Buil 2661 Execu | Corporations | Regis Divis P.O. 1 | 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 Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Parcel 1C Development LLC | | |
|--|--------------|---|
| (Name of limited liability company) | | |
| Delaware | | |
| (Jurisdiction of its organization) | | |
| May 29, 2013 | | |
| (Date registered with Florida Department of State) | | |
| M1300000765 | | |
| (Florida Document Number) | | |
| This limited liability company is withdrawing its certificate of authority in this s | state. | |
| - Call Klein | ¶s = | |
| (Signature of authorized representative) | SECINAL AND | |
| Eric Swanson | | |
| (Typed or printed name of signee) | SEE, FLORIDA | 2 |

Filing Fee: \$25.00