4/6/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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

LLC DISSOLUTION OR WITHDRAWAL FCB HOTEL, LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

	istration Section Ision of Corporations	.31	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	turely LLC	
	(Name of For	ign Limited Liability (Company)
Dear Sir or M	ladam:		
The enclosed	withdrawal and fee(s) are submitted	for filing.	
Please return	all correspondence concerning this r	natter to the following:	
(50.2	(Name of Person)	9V-4E	LEGAL
Flir	Firm/Company)	The Book	WD.
00e6 00e6	(Address) (Address)		3 5)
20.67	CN FL 33331 (City/State and Zip Code		
For further in	formation concerning this matter, plo	at (305)	LLB SUSC
	(Name of Person)	(Area Code &	Daytime Telephone Number)
Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 usece, Florida 32314
Enclosed is a	check for the following amount:		
□ \$25 Filing	Fee \$30 Filing Fee &	S55 Filing Fee &	S60 Filing Fee,

Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FCB HOTEL, LLC	
(Name of limited liability company)	
Selvanse	
(Jurisdiction of its organization)	
€Ja€ -N-E	
(Date registered with Florida Department of State)	
M13000001533	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
trucks & Briter	
(Typed or printed name of signee)	

Filing Fee: \$25.00

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