

M13000002893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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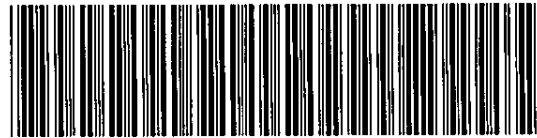
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 24 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 24 PM 12:00

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/24/15

NAME: EL REY HOLDINGS LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL REY HOLDINGS 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:

Steve Carroll

(Name of Person)

Loeb & Loeb

(Firm/Company)

10100 Santa Monica Blvd., Suite 2200

(Address)

Los Angeles, CA 90067

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Carroll

(Name of Person)

at 310 282-2042

(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EL REY HOLDINGS LLC

(Name of limited liability company)

TEXAS

(Jurisdiction of its organization)

05/07/2013

(Date registered with Florida Department of State)

M13000002893

(Florida Document Number)

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



(Signature of authorized representative)

Steve Carroll

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA