0000347gge 18/1 1/13/2014 16:46:4 Division of Corpo

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

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL 2500 BISCAYNE BLVD. SN, LLC

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1/13/2014

N. Guffleen AN 142341

COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT: 2500 BISC	AYNE BLVD, SN, LL	c			
(Name of Foreign Limited Liability Company)					
Dear Sir or Madam:					
The enclosed withdrawa	l and fee(s) are submitte	d for filing.			
Picase return all correspo	ondence concerning this	matter to the following	:		
Corinne Teri					
	(Name of Person)		•		
First Quality Enterprises					
	(Firm/Company)				
80 Cuttermili Road, Sui	10 500				
	(Address)				
Great Neck, NY 11021					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Kenneth Goldberg		at (516	498-2438		
(Name	of Person)	(Area Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regist Divisi P.O. B	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for	the following amount:				
C) \$25 Filing Fee	1 \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

1/13/2014 16:46:41 From: To: 8506176383

FILED (3/3)
2014 JAN 13 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2500 BISCAYNE BLVD, SN, LLC	
(Name of limited liability company)	_
DELAWARE	
(Jurisdiction of its organization)	_
06/03/2013	
(Date registered with Florida Department of State)	_
M13000003479	
(Florida Document Number)	_
This limited liability company withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
(Typed or printed name of signee)	

Filing Fee: \$25.00