

M13000003910

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(Address)

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PCL PROPERTIES GENERAL PARTNER, 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:

BRIAN BURKE  
(Name of Person)

PRAXIS CAPITAL, LLC  
(Firm/Company)

3333 MENDOCINO AVE, STE 110  
(Address)

SANTA ROSA CA 95403  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN BURKE at ( 707 ) 541-0570  
(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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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**

PCL PROPERTIES GENERAL PARTNER LLC  
(Name of limited liability company)

FL  
(Jurisdiction of its organization)

6/18/13  
(Date registered with Florida Department of State)

M 13 000 00 3910  
(Florida Document Number)

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

  
(Signature of authorized representative)

BRIAN BURKE  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

RECEIVED  
FALL COUNTY, FLORIDA  
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