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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL LML ASSOCIATES DEVELOPMENT LLC

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Leslie Sellers 8004323622

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LML Associates D	evelopment LLC	
(Name of limited li	ability company)	\ 
New York		
(Jurisdiction of i	is organization)	
July 24, 2013		
(Date registered with Flor	ida Department of State)	
M13000004842		
(Florida Docum	nent Number)	
Effective Date, if other than the date of filing:	cific and cannot be prior to date of fil seet the applicable statutory filing req	uirements,
Lun	t lun	
(Signature of author	orized representative)	
Salvador F. Lec	cese, Member	
(Tuned or print	ed name of gionea)	

Filing Fee: \$25.00