17000005272 Division of Corpora

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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 LANDMARK AT AVERY PLACE MANAGER, LLC

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COVER LETTER

	egistration ivision of	Section Corporations		
CITE TO/T		MARK AT AVERY PLAC	B MANAGER, LLC	
SUBJECT: (Name of Foreign Limited Liability Company)				
Dear Sir or	: Madam:			
The englos	ed withdra	wal and fee(s) are submitted	t for filing.	
Please retu	rn ell com	espondence concerning this	matter to the following:	
Terri McL	aughlin			
		(Name of Person)		
Landmark	Residenti	el, LLC	•	•
		(Firm/Company)	· 	
3505 B Fr	ontage Re	ed, Suite 150		,
		(Address)		,
Tampa, FI	L 33607-1	703		
		(City/State and Zip Code	e)	
Por further	informati	on concerning this matter, pl	lease call;	
Terri McL	aughlia		813	281-2907
	(Ni	une of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliftun Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed i	ls a check	for the following amount:		
Ø \$25 Fili	ing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Pee & Certified Copy	☐ \$60 Filing Pee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LANDMARK AT AVERY PLACE MANAG	ER, LLC
(Name	of limited liability company)
Deleware	
(Juri	sdiction of its organization)
08/21/2013	
(Date register)	ed with Florida Department of State)
M13000005272	
(Pl	orida Document Number)
This limited liability company is with	irawing its certificate of authority in this state.
(Signate	ure of authorized representative)
Joseph Lubeck	
CT_	red or printed same of simes)

Filing Fee: \$25.00

SCRETARY OF STATE