

2/5/2014 10:54:37 From: To: 850-617-6383

Division of Corporations

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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  
126 CASA BENDITA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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FEB - 6 2014

T. HAMPTON

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 126 CASA BENDITA, 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:

KALMAN VIDOMLANSKI  
(Name of Person)

126 CASA BENDITA, LLC  
(Firm/Company)

FDR STATION - PO BOX 805  
(Address)

NEW YORK, NY 10150  
(City/State and Zip Code)

For further information concerning this matter, please call:

KALMAN VIDOMLANSKI at ( 212 ) 888-5500  
(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**

126 CASA BENDITA, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

AUGUST 23, 2013

(Date registered with Florida Department of State)

M13000005345

(Florida Document Number)

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

  
(Signature of authorized representative)

KALMAN VIDOMLANSKI

(Typed or printed name of signee)

Filing Fee: \$25.00

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