

M13 000005427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

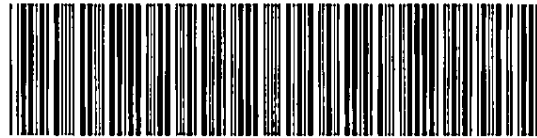
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AW FLORIDA MEDICAL CENTER MALL, 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:

\_\_\_\_\_  
ASHLEY KRONSHAGE

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
AURUM PROPERTY PARTNERS

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
319 CLEMATIS STREET, SUITE 1008

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
WEST PALM BEACH, FLORIDA 33401

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
ASHLEY KRONSHAGE

\_\_\_\_\_  
(Name of Person)

561 293-3070  
at ( )

\_\_\_\_\_  
(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

AW FLORIDA MEDICAL CENTER MALL, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

AUGUST 27, 2013

(Date registered with Florida Department of State)


46-3823373

(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

Peter J. Applefield  
(Typed or printed name of signee)

Filing Fee: \$25.00

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