

4/27/22, 10:07 AM

Division of Corporations

M13 00005631

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 : FLAGLER DEVELOPMENT GROUP, LLC
 Account Number : I20020000144
 Phone : (305)520-2344
 Fax Number : (305)520-2400

**LLC DISSOLUTION OR WITHDRAWAL
 ALL ABOARD FLORIDA NW SIXTH STREET LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 APR 27 PM 2:05

APPROVED AND FILED
 2022 APR 27 AM 7:29
 Help

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: All Aboard Florida NW Sixth Street 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:

Attn: Legal Department

(Name of Person)

(Firm/Company)

700 NW 1st Avenue #1620

(Address)

Miami, FL 33136

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Perez at (305) 520-2366
(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

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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

All Aboard Florida NW Sixth Street LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

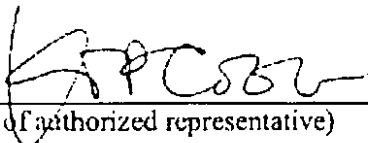
9/6/2014

(Date registered with Florida Department of State)

M13000005631

(Florida Document Number)

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



(Signature of authorized representative)

Kolleen Cobb, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00

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AND
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STATE OF FLORIDA