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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

: (954)208-0845

Fax Number

LLC DISSOLUTION OR WITHDRAWAL PAL MM ATLANTIC BEACH INVESTORS, LLC

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COVER LETTER

SUBJECT:	PAL MM Atlantic Beach Investors, L.	rc	
ovinise ti		n Limited Liability Company)	
Dear Sir or N	Madam:		
The enclosed	d withdrawal and fee(s) are submitted fo	or filing.	
Please return	all correspondence concerning this me	tter to the following:	·
Δ	(Name of Person)		
<u>Pa</u>	WM P+10 (Firm/Company)	2ntic Brach Investor	L TALL
1691	Michigan All.	STC 320	PILED MASSEEL
<u> </u>	(City/State and Zip Code)		
For further in	formation concerning this matter, pleas	e cail:	6
Ale	(Name of Person)	at (212 950 220 8 (Area Code & Daytime Telephone Number)	
Regi Divis Clifts 2661	RETI/COURIER ADDRESS: istration Section sion of Corporations on Building I Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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C \$25 Filing Fee

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)				
Delaware	•			
	(Jurisdiction of its organization)			
10/02/2013				
, , , , , , , , , , , , , , , , , , , 	(Date registered with Florida Department of State)			
M13000006226		ي		
	(Florida Document Number)	7		
This limited liability con	npany is withdrawing its certificate of authority in this state.	œ		
		2		
•	No. 12 and	<u> </u>		
	(Signature of authorized representative)	ထ		
	Alex Hirst			

Filing Fee: \$25.00

(Typed or printed name of signee)