M1300000629

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(De	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



600311191956

£4/02/18--01045--003 **25.00



JUL 18 2018 S. PRATHEIN

COVER LETTER >

TÓ:

Registration Section Division of Corporations

Taurus Vista Center GP LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda G Kassof (Name of Person) Taurus Investment Holdings (Firm/Company) 610 N Wymore Rd., Suite 200 (Address) Maitland, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda G Kassof
(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 18, 2018

LINDA G KASSOF 610 N WYMORE RD., STE 200 MAITLAND, FL 32751

SUBJECT: TAURUS VISTA CENTER GP LLC

Ref. Number: M13000006291

We have received your document for TAURUS VISTA CENTER GP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00007908

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Taurus Vista Cen	ter GP LLC	
	(Name of limited liability company)	****
Delawa		
***	(Jurisdiction of its organization)	
10/04/2013		
	(Date registered with Florida Department of State)	
M13000006292		
	(Florida Document Number)	
This limited lia	ibility company is withdrawing its certificate of authority in this st	ate.
(If an effective more than 90 d Note: If the da	if other than the date of filing: date is listed, the date must be specific and cannot be prior to date ays after filing.) te inserted in this block does not meet the applicable statutory filing of be listed as the document's effective date on the Department of (Signature of authorized representative)	ng requirements,
	Linda G Kassot	
	(Typed or printed name of signee) Filing Fee: \$25.00	18 JUL 13 27 5 0