M1300001628

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600321046186

TALLAHASSEE, FL

Open white the same of the sam

MOA T & 5919

S, PRATHER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500							
ACCOUNT NO. : 12000000195							
REFERENCE : 492323 5168766							
AUTHORIZATION Symulocle man							
COST LIMIT : \$\cdot 25.00							
ORDER DATE: November 16, 2018							
ORDER TIME : 9:50 AM							
ORDER NO. : 492323-125							
CUSTOMER NO: 5168766							
FOREIGN FILINGS							
NAME: THE MILE AT CORAL GABLES LLC							
CORPORATE							
LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY							
XXXX WITHDRAWAL/CANCELLATION							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS							

EXAMINER:

CONTACT PERSON: Emily Croft - EXT# 62925

COVER LETTER

		tration S on of Co	ection orporations				
erm rez		The Mile at Coral Gables LLC (Name of Foreign Limited Liability Company)					
SUBJEC	.1:						
Dear Sir	ог Ма	ıdam:					
The encl	osed v	vithdraw	al and fee(s) are submitted	for filing.			
Please re	cturn a	ll corres	pondence concerning this i	matter to the fol	lowing:		
Lisa Sch	wartz						
			(Name of Person)		_		
Greysto	ne & (o., Inc.					
			(Firm/Company)				
152 We:	st 57th	Street,	60th Floor				
			(Address)				
New Yo	ork, N	Y 10019					
			(City/State and Zip Cod	e)			
For furth	her inf	òrmatio	reoncerning this matter, p	lease call:			
Andrea	Saulle)		212 at (,	649-9700	
		(Nan	ne of Person)	(Area	Code & D	laytime 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				
Enclose	ed is a	check f	or the following amount:				
© \$25 I	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing l Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

The Mile at Coral Gables LLC		
(Name of limited liability company)	***************************************	
Delaware		
(Jurisdiction of its organization)		
12/04/2013	gr m	201
(Date registered with Florida Department of State) M13000007628	ALLA	20 18 NOV 1
(Florida Document Number)	NASS!	6 A
This limited liability company is withdrawing its certificate of authority in this state.	ptional)	AM 9: 46
Effective Date, if other than the date of filing:	iling of quiremen	nts,
(Signature of authorized representative)		
Lisa Schwartz - Vice President		
(Typed or printed name of signer)		

Filing Fee: \$25.00