

From:

02/09/2017 21:40

#581 P.001/003

Division of Corporations

Page 1 of 1

M1420000139
Florida Department of State
Division of Corporations
Electronic Filing Center Street

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : 120020000144
Phone : (305) 520-2344
Fax Number : (305) 520-2400

**LLC DISSOLUTION OR WITHDRAWAL
SFLC BUILDING 3 LLC**

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

RECEIVED

2017 FEB 10 AM 9:21

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

17 FEB 10 AM 8:50

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FEB 13 2017

From:

02/09/2017 21:40

#581 P.002/003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFLC Building 3 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:

Kolleen Cobb

(Name of Person)

(Firm/Company)

2855 Le Jeune Rd., 4th Floor

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Perez

(Name of Person)

305

520-2366

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

SFLC Building 3 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

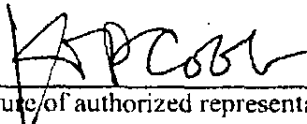
1/8/2014

(Date registered with Florida Department of State)

M14000000139

(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)

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17 FEB 10 AM 8:50

2017 FEB 09 11:12 AM

Filing Fee: \$25.00