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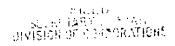
17 JUN 22 PM 2: 1

37 JUN 22 FILL 115

M. MILLIGAN
JUN 2 2 2017

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	Tsland	Life 11 L	lî
	(Name of For	reign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdra	iwal and fee(s) are submitted	d for filing.	
Please return all corr	espondence concerning this	matter to the following:	
	(Name of Person)		
	(Firm/Company)		
7	(City State and Zip Cod	GA 312	01
For further information of the following the	on concerning this matter, p	at (<u>478</u>	335-0046 Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Exect	Corporations	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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



17 JUN 22 PM 2: 15

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Island Life 11 LLC			
(Name of limited liability company)			
GA_			
(Jurisdiction of its organization)			
2.27/14			
(Date registered with Florida Department of State)			
W14000001344			
(Florida Document Number)			
This limited liability company withdrawing its certificate of authority in this state.			
(Signature of authorized representative)			
Jah Coisen			
(Typed or printed name of signee)			

Filing Fee: \$25.00