Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (350)222-1092 Fax Number : (350)878-5368

LLC DISSOLUTION OR WITHDRAWAL Z CAP MIAMI CASINO PROPERTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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T HAMPTON

COVER LETTER

	Registration Division of	Section Corporations				
SUBJEC	Z Cap i	Z Cap Miami Casino Property, LLC (Name of Foreign Limited Liability Company)				
JUDIEC	·					
Dear Sir (or Madam:					
The enclo	sed withdra	iwal and fee(s) are submitted	l for filing.			
Please rei	urn all corr	espondence concerning this	matter to the following	3 :		
Samuel i	Cidder					
		(Name of Person)	*************************************	-		
Klee, Tu	chin, Bogda	anoff & Stern LLP				
		(Firm/Company)		-		
1999 Av	enue of the	Stars, 39th Floor				
		(Address)		_		
Los Ang	eles, CA 90	0067	<u> </u>	_		
		(City/State and Zip Cod	e)			
For furth	er informati	on concerning this matter, p	lease call:			
Samuel	Kidder		310	407-4019		
	įΝ	ame of Person)	at (at (& 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				
Enclose	d is a check	for the following amount:				
₩ \$25 F	iling Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certifled Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

7. Cap Miami Casino Property, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
March 12, 2014
(Date registered with Florida Department of State)
M14000001652
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
- JAMES J. FENNI, Ja.
(Typed or printed name of signee)

Filing Fee: \$25.00

TILED 14 DEC 16 AN 7:53 SECRETARSEE, FLORID.