

M14000003817

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

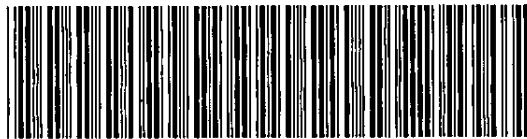
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
DEPARTMENT OF STATE  
15 DEC 18 PM 1:53  
NOT ATTACHED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 DEC 18 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 21 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 918249 4307171  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : December 18, 2015  
ORDER TIME : 1:03 PM  
ORDER NO. : 918249-025  
CUSTOMER NO: 4307171

FOREIGN FILINGS

NAME: SEASCAPE APARTMENTS LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seascape Apartments 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:

Randy P. Kabakoff, Esq.

(Name of Person)

Rogin Nassau LLC

(Firm/Company)

185 Asylum Street, 22nd Floor

(Address)

Hartford, CT 06103

(City/State and Zip Code)

For further information concerning this matter, please call:

Randy P. Kabakoff, Esq.

(Name of Person)

at 860 256-6300  
(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

FILED  
2015 DEC 18 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Seascape Apartments LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

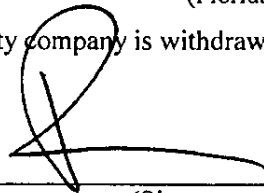
June 3, 2014

(Date registered with Florida Department of State)

M14000003817

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Randy P. Kabakoff

(Typed or printed name of signee)

Filing Fee: \$25.00