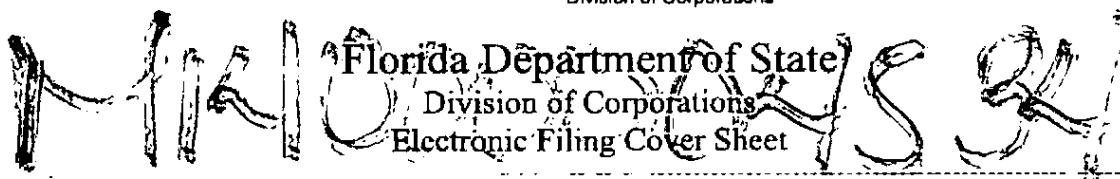


4/25/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000136007 3)))



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Doing so will generate another cover sheet.

To:

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

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : I20020000144
Phone : (305)520-2344
Fax Number : (305)520-2400

**LLC DISSOLUTION OR WITHDRAWAL
INVESTMENTS BROWARD COUNTY LLC**

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

APPROVED
AND
FILED
2019 APR 25 PM 12:50
CORPORATION DIVISION
FLORIDA DEPARTMENT OF STATE

2019 APR 25 PM 12:50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVESTMENTS BROWARD COUNTY 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)

117 NE 1ST AVENUE, 11TH FLOOR

(Address)

MIAMI, FL 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIANNA HERNANDEZ 305 520-2300
_____ at (_____) _____
(Name of Person) (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

APPROVED
AND
FILED
2019 APR 25 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

INVESTMENTS BROWARD COUNTY LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

06/26/2014

(Date registered with Florida Department of State)

M14000004534

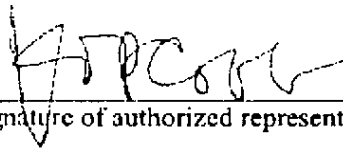
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

KOLLEEN O.P. COBB

(Typed or printed name of signee)

Filing Fee: \$25.00

APPROVED
AND
FILED

2019 APR 25 PM 2:51