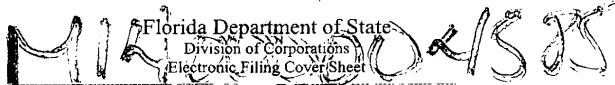
4/25/2019

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.

(((H19000136008 3)))



H190001360083ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. 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 : 120020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL SECOND STREET INVESTMENTS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

~ 11.00 lun

## **COVER LETTER**

| TO: Registration Division o | n Section<br>f Corporations                  |  |   |       |
|-----------------------------|--|--|---|-------|
|                             | ND STREET INVESTMEN                          |  |   |       |
| SUBJECT.                    | (Name of Fo                                  | reign Limited Liability                | Company)  |       |
| Dear Sir or Madam:          |  |  |   |       |
| The enclosed withd          | rawal and fee(s) are submitte                | ed for filing.                         |   |       |
| Please return all cor       | respondence concerning this                  | matter to the followin                 | Ř:  |       |
| KOLLEEN COBB                |  |  |   |       |
|                             | (Name of Person)                             |  |   |       |
|                             |  |  |   | ۔ ۔۔۔ |
|                             |  |  | _   |       |
|                             | (Firm/Company)                               |  |   | 語質    |
| 117 NE 1ST AVEN             | IUE, 11TH FLOOR                              | <del></del>                            |   |       |
|                             | (Address)                                    |  | _   |       |
| MIAMI, FL 33132             |  |  |   | T.::  |
|                             | (City/State and Zip Coo                      | ie)                                    | -   |       |
| For further informat        | ion concerning this matter, p                | olease call:                           |   |       |
| BRIANNA HERNA               |  | 305                                    | 520-2300  |       |
| 4)                          | ame of Person)                               |  | & Daytime Telephone Number)                                     |       |
| STREET/                     | COURIER ADDRESS:                             | MAI                                    | LING ADDRESS:   |       |
| Registratio                 |  | Registration Section                   |   |       |
| Clifton Bui                 | Corporations                                 | Division of Corporations P.O. Box 6327 |   |       |
| 2661 Exec                   | utive Center Circle<br>c, Florida 32301      | Tallahassee, Florida 32314             |   |       |
| Enclosed is a check         | for the following amount:                    |  |   |       |
| □ \$25 Filing Fcc           | ☐ \$30 Filing Fee &<br>Certificate of Status | □ \$55 Filing Fee &<br>Certified Copy  | □ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |       |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| SECOND STREET INVES  | STMENTS LLC   |             |
|--|---|-------------|
|  | (Name of limited liability company)                               |             |
| DELAWARE   |   |             |
|  | (Jurisdiction of its organization)                                |             |
| 06/27/2014   |   | 2019        |
|  | (Date registered with Florida Department of State)                | <b>元泉 考</b> |
| M14000004585   |   | R 25        |
|  | (Florida Document Number)   |             |
| Effective Date, if other (If an effective date is I more than 90 days after Note: If the date inserted | isted, the date must be specific and cannot be prior to date of f | quirements, |
| KOLLEE   | (Signature of authorized representative)                          |             |
|  | (Typed or printed name of signec)                                 |             |

Filing Fee: \$25.00