

M14 000006562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

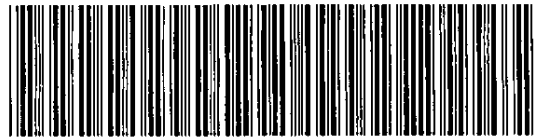
(Business Entity Name)

(Document Number)

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

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FILED  
16 JAN -6 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
DEPARTMENT OF STATE  
16 JAN -6 AM 11:07

JAN 07 2016

J SHIVERS

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

ACCOUNT NO. : I20000000195  
REFERENCE : 943536 7641927  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : January 5, 2016  
ORDER TIME : 9:33 AM  
ORDER NO. : 943536-005  
CUSTOMER NO: 7641927

FOREIGN FILINGS

NAME: MAPLECREST HARMONY HOUSING 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: Courtney Williams - EXT# 62935

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maplecrest Harmony Housing 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:

Joseph E. Thomas, III  
(Name of Person)

Foundation for Affordable Rental Housing Holdings Inc.  
(Firm/Company)

6629 Spring Street  
(Address)

Douglasville, GA 30134-1759  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Saullo at ( 212 ) 649-9700  
(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Maplecrest Harmony Housing LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

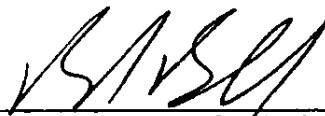
September 12, 2014

(Date registered with Florida Department of State)

ML14000006562

(Florida Document Number)

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



(Signature of authorized representative)

Robert Barolak - Vice President

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN -6 AM 9:07

FILED

Filing Fee: \$25.00