

M14 000 007101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

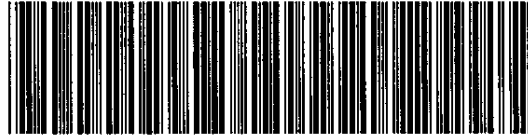
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GC Allegra, 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:

Gayle Aiken, Paralegal

(Name of Person)

Honigman Miller Schwartz and Cohn LLP

(Firm/Company)

2290 First National Building

(Address)

Detroit, MI 48226

(City/State and Zip Code)

For further information concerning this matter, please call:

Gayle Aiken

(Name of Person)

313

465-7208

at

(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

GC Allegra, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

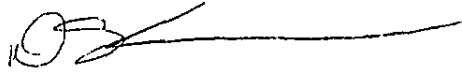
October 1, 2014

(Date registered with Florida Department of State)

M14000007101

(Florida Document Number)

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



(Signature of authorized representative)

Douglas Kearney

(Typed or printed name of signee)

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16 JAN -6 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00