•	·				Ł
M	1M	00	000	816	l
/ V	• •				

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	questor's Name)	
(City/State/Zip/Phone #)	(Ad	dress)	
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Ad	idress)	
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Cit	ty/State/Zip/Phone	e #)
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:			MAIL
ertified Copies Certificates of Status	(Bu	isiness Entity Nan	ne)
Special Instructions to Filing Officer:	(Dc	cument Number)	
Special Instructions to Filing Officer:			
	Certified Copies	_ Certificates	of Status
	Special Instructions to	Filing Officer:	
		0#5-5 U.S. 0	·····

Ň

1

,

.



600314511276

•

06/18/19--01030--024 ++25.00

FILED FILED FILED FILED AND A DAY OF CONDENTIONS

Locusoparia

JUN 22 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____CRT BAYMEADOWS LAND, 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:

Indira Negron

(Name of Person)

C/O DRA Advisors LLC

(Firm/Company)

220 East 42nd Street, 27th Floor

(Address)

New York, NY 10017

(City/State and Zip Code)

For further information concerning this matter, please call:

1	nd	ira.	N	ഹ	ron
	10	пc	1.1	сy	1011

212 (697-4740

(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:

2 S:	25 F	iling	g Fee
-------------	------	-------	-------

S30 Filing Fee & Certificate of Status

\$55 Filing Fee & Certified Copy

at (

\$60 Filing Fee, Certificate of Status & Certified Copy r.

ා

PN 12:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CRT BAYMEADOWS LAND, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/12/2014

(Date registered with Florida Department of State)

M1400008161

(Florida Document Number)

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

:5 Signature of authorized representative) 19 13 FX 12: 25 Jason Bolled (Typed or printed name of signce)

Filing Fee: \$25.00