

**114000008383**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

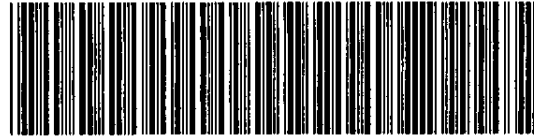
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**FILED**  
2017 MAR 28 A 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

**MAR 29 2017**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REFLECTIONS BUILDING OWNER, 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:

Mukang Cho

\_\_\_\_\_  
(Name of Person)

Morning Calm Management, LLC

\_\_\_\_\_  
(Firm/Company)

1641 Worthington Road, Suite 140

\_\_\_\_\_  
(Address)

West Palm Beach, FL 33409

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Mydlarz

\_\_\_\_\_  
(Name of Person)

at ( 561 ) 383-2420  
\_\_\_\_\_  
(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

REFLECTIONS BUILDING OWNER, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/20/2014

(Date registered with Florida Department of State)

M14000008383

(Florida Document Number)

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



(Signature of authorized representative)

Mukang Cho

(Typed or printed name of signee)

Filing Fee: \$25.00

2017 MAR 28 A 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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