

MIS000001683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

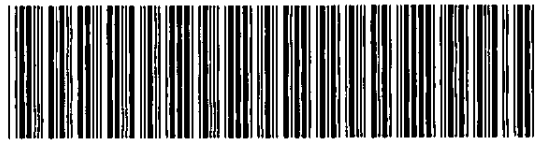
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF
REVENUE

15 NOV -3 AM 11:07

ALL INFORMATION
TO BE RELEASED
TO AGENCY OF
SUFFICIENCY OF FILING

FILED

2015 NOV -3 AM 9:30

STATE DEPT OF STATE
TALLAHASSEE FLORIDA

NOV 04 2015
J. HARRIS

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

ACCOUNT NO. : I20000000195

REFERENCE : 857626 8019024

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 2, 2015

ORDER TIME : 8:50 AM

ORDER NO. : 857626-010

CUSTOMER NO: 8019024

FOREIGN FILINGS

NAME: 811 JACKSON STREET NORTH, 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: 811 Jackson Street North, 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:

Jacob Wintner

(Name of Person)

(Firm/Company)

6300 Wilshire Boulevard, Suite 1800

(Address)

Los Angeles, CA 90048

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Turner

(Name of Person)

323

at ()

651-1808

(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

811 Jackson Street North, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

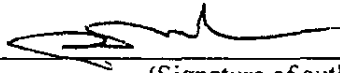
March 4, 2015

(Date registered with Florida Department of State)

M15000001683

(Florida Document Number)

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



(Signature of authorized representative)

Ira Smedra, President of Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2015 NOV -3 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA