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(((H170000395073)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP &

Account Number : I20020000144 Phone

: (305)520-2344

Fax Number

: (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL SFLC BUILDING 4 LLC

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COVER LETTER

	istration : ision of C	Section Opporations		e.			
SUBJECT:	SFLC	Building 4 LLC					
SCHOOL IT		(Name of For	reign Limited Lia	bility C	ompany)		
Dear Sir or M	/ladam:						
The enclosed	l withdray	val and fee(s) are submitte	d for filing.				
Please return	all corre	spondence concerning this	matter to the fol	lowing:			
Kolleen C	Cobb						
		(Name of Person)	<u></u>				
						==	~~
	·····	(Firm/Company)				SECR	2017 F
2855 Le J	Jeune F	Rd., 4th Floor				ETAR	FEB 11
 		(Address)				in ⊂ in -∠	0
Coral Gables, FL 33134			•••		F STV	∑ Ö	
		(City/State and Zip Cod	le)			RIDA	ų O
For further in	iformatio:	n concerning this matter, p	lease call:				
Jessica P	'erez		305	١	520-2366		
	(Nar	ne of Person)		Code & I	Daytime Telephone Nu	ımber)	
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	a check fo	or the following amount:					
☑ \$25 Filing	Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing F Certified Co		☐ \$60 Filing Fee, Certificate of \$t Certified Copy	atus &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SFLC Building 4 LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
4/23/2015	
(Date registered with Florida Department of State)	
M15000003110	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state	:.
(Signature of authorized representative) Kolleen Cobb, Vice President	
(Typed or printed name of signce)	
Filing Fee: \$25.00	7117 FEB 10 A 10: 30