

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

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Fax Number

: (850)878~5368

LLC DISSOLUTION OR WITHDRAWAL ROCO-UNIVERSITY COURTYARD, LLC

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Page Count	04 5
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Corporate Filing Menu

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T. HAMPTON

COVER LETTER

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SUBJECT	Roco-Uni	versity Courtyard, LLC	eign Limited Liabil	ity Comp	anv)
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Dear Sir or	Madam:				
The enclose	ed withdraw	al and fee(s) are submitted	for filing.		
Please retur	m all corresp	condence concerning this	matter to the follow	ving:	
Scott 1. Mis	rkes		•		
4		(Name of Person)	· · · · · · · · · · · · · · · · · · ·		
Roco-Univ	ersity Court	yard, LLC			
	- 	(Firm/Company)	······		
33 Bloomf	ield Hills Pa	rkway, Suite 135			
	·	(Address)			
Bloomfield	Hills, MI 4	8304			
		(City/State and Zip Cod	u)		
For further	information	concerning this matter, p	lease call:		
Scott I. Mi	rkes		248 at (433	3-2591
	(Nam	e of Person)		de & Dayt	ime Telephone Number)
		URIER ADDRESS:	MAILING ADDRESS:		
	egistration S		Registration Section		
	ivision of Co lifton Buildi		Division of Corporations P.O. Box 6327		
		ng e Center Circle	Tallahassee, Florida 323		
		lorida 32301	,	er anasset	1 1 100100 32317
Enclosed is	s a check fo	r the following amount:			
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July 31, 2015

FLORIDA DEPARTMENT OF STATE

D. LLC Division of Corporations

ROCO-UNIVERSITY COURTYARD, LLC
33 BLOOMFIELD HILLS PARKWAY, SUITE 135
BLOOMFIELD, MI 48304

SUBJECT: ROCO-UNIVERSITY COURTYARD, LLC

REF: M15000004960

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Jenna D Harris Regulatory Specialist II FAX Aud. #: H15000184517 Letter Number: 515A00016136

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PEOPETAN OF STATE
ALCAHASSEE, FLORIDA

Colv (* 1754)

7/31/2015 10:51:20 AM From: To: 8506176383(5/5)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Roco-University Courtyard, LLC
(Name of limited liability company)
Wi-12
Michigan
(Jurisdiction of its organization)
June 24, 2015
(Date registered with Florida Department of State)
M15000004960
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Scatt l. madein
(Signature of authorized representative)
Scott I. Mirkes
(Typed or printed name of signee)

Filing Fee: \$25.00

15 JUL 30 AM 7: 48
SECRETARY OF STATE