

8/3/2016 4:25 PM From: (850) 205-8842

MIS000005259

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL
GA SAN REMO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 AUG -3 PM 4:30

ALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

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AUG 04 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GA SAN REMO 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:

Kelly Arrigo
(Name of Person)

PGIM Real Estate
(Firm/Company)

7 Giralda Farms
(Address)

Madison, NJ 07940
(City/State and Zip Code)

For further information concerning this matter, please call:

Donah Simmons at (973) 734-1300
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

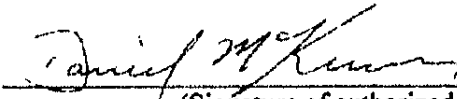
GA SAN REMO LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

July 6, 2015
(Date registered with Florida Department of State)

M15000005259
(Florida Document Number)

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


(Signature of authorized representative)

Daniel McKeever
(Typed or printed name of signee)

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Filing Fee: \$25.00