

M15000005521

(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



100306232911

12/04/17--01009--017 \*\*25.00

FILED  
DEC -4 P 12:30  
CLERK OF SUPERIOR COURT  
MICHIGAN

D. SCOTT  
DEC 5 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Birdie Shack, 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:

Mary Davis  
\_\_\_\_\_  
(Name of Person)

Burr & Forman LLP  
\_\_\_\_\_  
(Firm/Company)

200 South Orange Avenue, Suite 800  
\_\_\_\_\_  
(Address)

Orlando, Florida 32801  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Davis at (407) 540-6684  
\_\_\_\_\_  
(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:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

RECEIVED  
DEC - 4 P 12:30

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Birdie Shack, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

July 14, 2015

\_\_\_\_\_  
(Date registered with Florida Department of State)

M1500005521

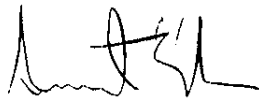
\_\_\_\_\_  
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

**Annika Sörenstam**

\_\_\_\_\_  
(Typed or printed name of signee)

FILED  
2015 DEC -4 P 12:30  
TALLAHASSEE  
FLORIDA

**Filing Fee: \$25.00**