4/25/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 : (305)520-2344 Phone : (305)520-2400 Fax Number

LLC DISSOLUTION OR WITHDRAWAL SOUTH FLORIDA INVESTMENT HOLDINGS LLC

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COVER LETTER

	on Section of Corporations				
SOU SUBJECT:	TH FLORIDA INVESTMEN	T HOLDINGS LLC			
Sobject.	(Name of For	eign Limited Liability (Сопірану)		
Dear Sir or Madan	n:				
The enclosed with	drawal and fee(s) are submitte	d for filing.			
Please return all co	prrespondence concerning this	matter to the following:	:		
KOLLEEN COBE	3				
	(Name of Person)				
	(Firm/Company)			2019 APR 25	••.,
117 NE 1ST AVE	NUE, 11TH FLOOR			PR 2	FPA PPA
	(Address)			<u>्र</u> ्थित ८	E-8-0
MIAMI, FL 33132	2			- 10 2	
•	(City/State and Zip Cod	le)		5 PH 12: 50	
For further inform	ation concerning this matter, p	olease call:		٠ ن	
BRIANNA HERN	IANDEZ	305 at (520-2300		
((Name of Person)		Daytime Telephone Number)		
Registrati Division Clifton B 2661 Exc	C/COURIER ADDRESS: ion Section of Corporations uilding centive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a chec	ck for the following amount:				
□ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SOUTH FLORIDA INVESTMENT HOLDINGS LLC		
(Name of fimited liability company)		•
DELAWARE	2	
(Jurisdiction of its organization)	 	•
09/29/2015	19 APR	, cre-
(Date registered with Florida Department of State)	25	r= 2
M15000007777		EO
(Florida Document Number)	H 12: 50	
This limited liability company is withdrawing its certificate of authority in this state.	50	
Effective Date, if other than the date of filing:(c	optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.)	J	
Note: If the date inserted in this block does not meet the applicable statutory filing re this date will not be listed as the document's effective date on the Department of States.		
(Signature of authorized representative)		
KOLLEEN O.P. COBB		
(Typed or printed name of signee)		

Filing Fee: \$25.00