## 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 " FIAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144

: (305)820-2344 Phone : (305)520-2400

Fax Number

## LLC DISSOLUTION OR WITHDRAWAL 3MC RETAIL LLC

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

	Registration Division of	i Section Corporations					
SUBJEC		3MC Retail LLC					
(Name of Foreign Limited Liability Company)							
Dear Sir o	or Madam:						
The encio	sed withdra	awal and fee(s) are submitted	for filing.				
Please ret	urn all corr	espondence concerning this r	natter to the follow	i. Ping:			
			4				
Attn: Le	egal Dep	artment					
<del></del>	<del></del>	(Name of Person)			•		
				- ,-			
		(Fimi/Company)					
2855 L	e Jeune	Rd., 4th Floor					
	·····	(Address)					
Coral C	Sables, F	L 33134					
		(City/State and Zip Code	)				
For furthe	r informati	on concerning this matter, ple	ease call:				
Jessica	e Perez		305	, , 5	20-2366		
	(NE	me of Person)		le & Day	rtime 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		on Section of Corporations 6327			
Enclosed	is a check	for the following amount:					
<b>Ø</b> \$25 Fil	ing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& [	1 \$60 Filing Fee, Certificate of Status & Certified Copy		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

3MC Retail LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		<del></del>
6/8/2016		
(Date registered with Florida Department of State)	• • • • • • • • • • • • • • • • • • • •	<del></del>
M16000004637		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state		
A PCOOL		
(Signature of authorized representative)		
Kolleen Cobb, Vice President		16
(Typed or printed name of signee)	<u> </u>	) <del>F</del> F

Filing Fee: \$25.00

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