M1600008470

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	95			
	REFERENCE	:	115192	5168766			
	AUTHORIZATION	:	V X	_			
	COST LIMIT	: 	\$ 35.00	na.			
ORDER DATE :	December 26, 201	9					
ORDER TIME :							
ORDER NO. :							
CUSTOMER NO:							
FOREIGN FILINGS							
TOKBIGN TIHINGO							

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

LLC

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

NAME: 37 GABLES CONSTRUCTION MANAGER

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER:

COVER LETTER

		on Section of Corporations			
SUBJECT		ables Construction Manager	LLC		
oobone.	·	(Name of Fo	reign Limited Liability	Company)	
Dear Sir o	r Madam	ı:			
The enclos	sed withd	lrawal and fee(s) are submitte	ed for filing.		
Please retu	ırn all co	rrespondence concerning this	matter to the following	g:	
Lisa Schw	artz				
		(Name of Person)		-	
Greystone	& Co., I	nc.			
		(Firm/Company)		-	
152 West :	57th Stre	et, 60th Floor			
		(Address)		-	
New York	, NY 100	019			
		(City/State and Zip Cod	ie)	-	
For further	informat	tion concerning this matter, p	lease call:		
Andrea Sa	ullo		212 at (649-9735	
	(1)	lame of Person)	(Area Code &	Daytime Telephone Number)	
		COURIER ADDRESS:	MAILING ADDRESS: Registration Section		
		Corporations	Division of Corporations		
	lifton Bui		P.O. Box 6327		
26	61 Exec	utive Center Circle e, Florida 32301	Tallal	nassee, Florida 32314	
Enclosed is	s a check	for the following amount:			
□ \$ 25 Filir	ng Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Conv	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

37 Gables Construction Manager LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
10/24/2016
(Date registered with Florida Department of State)
M16000008470
(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:
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 Feords. (Signature of authorized representative)
Lisa Schwartz - Vice President (Typed or printed name of signee)

Filing Fee: \$25.00