4/27/22, 10:06 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000151863 3)))



H220001518633ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL **CENTRAL FARE LLC**

Certificate of Status	_ 0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Division of	n Section Corporations		
Center SUBJECT:	ral Fare LLC		
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	ed for filing.	
Please return all corr	espondence concerning this	matter to the following	;
Attn: Legal Dep	partment		
	(Name of Person)		-
	(Firm/Company)		
700 NW 1st Av	enue #1620		
	(Address)		
Miami, FL 3313	6		
-	(City/State and Zip Cod	le)	
For further information	on concerning this matter, p	olease call:	
Jessica Perez		305	520-2366
(No	nne of Person)		Daytime Telephone Number)
Registration Division of Clitton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
2 \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Central Fare	e LLC		
	(Name of limited liability company)		
Delaware			
	(Jurisdiction of its organization)		
11/7/2016			
	(Date registered with Florida Department of State)		
M16000008	918		
	(Florida Document Number)		
Γhis limited I	iability company is withdrawing its certificate of authority in this st	ate.	
	GROOF		
	(Signature of authorized representative)	_	
	Kolleen Cobb, Vice President		
	(Typed or printed name of signee)	<u>, , , , , , , , , , , , , , , , , , , </u>	
		202:	
		2 AF	
		2022 APR 27	
		-	::- ::-
		≥ 0	ت ن
		. 7	Š

Filing Fee: \$25.00