

MINNOCUOON

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

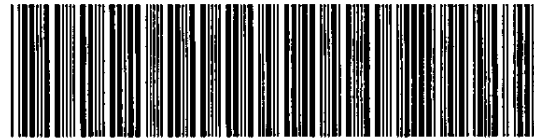
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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S. WARREN

DEC 05 2017

GF&M GORDON, FOURNARIS
& MAMMARELLA, P.A.

Peter S. Gordon*
Thomas Mammarella
Emmanuel G. Fournaris*
Bryan E. Keenan*
Michael M. Gordon*
William M. Kelleher*
Neil R. Lapinski †
Jeffrey K. Simpson *
Norris P. Wright
Daniel F. Hayward
Andrew J. Rennick*
Paul H. Ostien III**

Charles P. O'Brien
Shannon L. Dawson**
Phillip A. Giordano
Robert V.A. Harra III
Joseph Bosik IV
Daniel L. Fitzgerald*
Mark P. Gordon^
Patrick J. Rohrbach

Special Counsel
Grover C. Brown
E. Norman Veasey

December 1, 2017

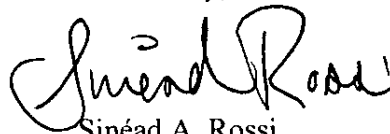
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: DP5 Investments, LLC

Dear Recipient:

I have enclosed with this letter the Notice of Withdrawal of Certificate of Authority for DP5 Investments, LLC. I have also enclosed our check in payment of the filing fee and a postage paid envelope to return the free letter of acknowledgement. Thank you for your assistance.

Yours truly,



Sinéad A. Rossi
Paralegal

SAR/sar
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DP5 INVESTMENTS, 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:

Sinead A. Rossi

(Name of Person)

Gordon, Fournaris & Mammarella, P.A.

(Firm/Company)

1925 Lovering Avenue

(Address)

Wilmington, DE 19806

(City/State and Zip Code)

For further information concerning this matter, please call:

Sinead A. Rossi

(Name of Person)

at (

302

652-2900

) _____
(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DP5 INVESTMENTS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/23/2017

(Date registered with Florida Department of State)

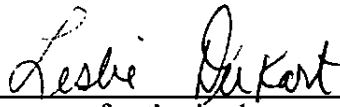
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(Florida Document Number)

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)

Leslie Dukart, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA