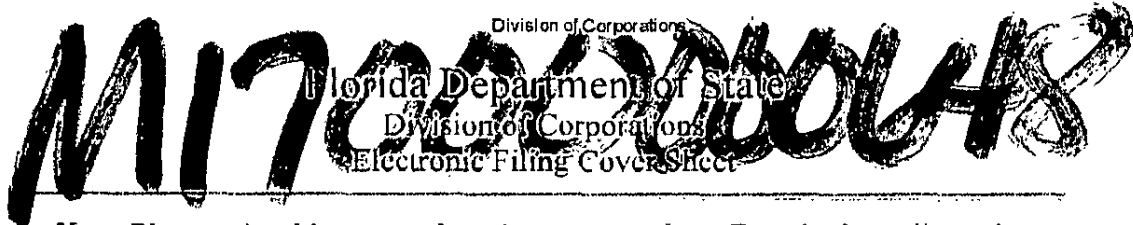


4/27/2017



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.

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
MELBOURNE LEASED HOUSING ASSOCIATES II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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APR 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Melbourne Leased Housing Associates II, 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:

John D. Nolde

(Name of Person)

Winthrop & Weinstine, P.A.

(Firm/Company)

225 South Sixth Street, Suite 3500

(Address)

Plymouth, MN 55441

(City/State and Zip Code)

For further information concerning this matter, please call:

John D. Nolde

(Name of Person)

612

604-6400

at ()

(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

Melbourne Leased Housing Associates II, LLC

(Name of limited liability company)

Minnesota

(Jurisdiction of its organization)

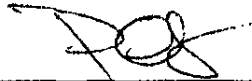
1/24/2017

(Date registered with Florida Department of State)

M17000000648

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Paul R. Sween

(Typed or printed name of signee)

FILED
17 APR 27 AM 8:50

Filing Fee: \$25.00