

Division of Corporations

Page 1 of 1

M17000001332

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 : FLAGLER DEVELOPMENT GROUP, LLC  
Account Number : 120020000144  
Phone : (305)520-2344  
Fax Number : (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL  
SFLC BUILDING 8 LLC

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

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Electronic Filing Menu

Corporate Filing Menu

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MAY 24 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SFLC Building 8 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:

**Attn: Legal Department**

(Name of Person)

(Firm/Company)

**700 NW 1st Avenue**

(Address)

**Miami, FL 33136**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jessica Perez**

(Name of Person)

**305**

at ( )

**520-2366**

(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

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**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

SFLC Building 8 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

2/7/2017

(Date registered with Florida Department of State)

M17000001332

(Florida Document Number)

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



(Signature of authorized representative)

Kolleen Cobb, Vice President

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**Filing Fee: \$25.00**