

1/11/2021

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL
FOUNTAINS EAST PB, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fountains East PB, 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

Kayla Lee
(Name of Person)

c/o Wexford Capital LP
(Firm/Company)

677 Washington Blvd., Suite 500
(Address)

Stamford, CT 06902
(City/State and Zip Code)

For further information concerning this matter, please call.

Kayla Lee at 203 862-7000
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Fountains East PB, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 10, 2017

(Date registered with Florida Department of State)

M17000002106


(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.

DocuSigned by:



831B1EA683CE0496

(Signature of authorized representative)

Arthur Amron, Authorized person

(Typed or printed name of signee)

DocuSign

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Filing Fee: \$25.00