

M17000009113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

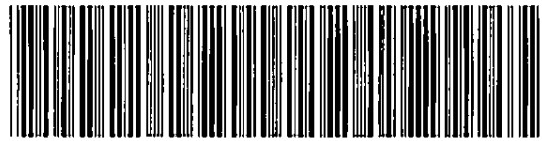
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/17/18--01031--004 **55.00

RECEIVED

2018 JAN 17 AM 11:19

FILED
TALAMASSEE, FLORIDA

FILED

18 JAN 17 PM 2:49

FILED
TALAMASSEE, FLORIDA

JAN 22 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2018

SUNSHINE CORP

SUBJECT: INFINITY BISCAYNE BLVD LLC
Ref. Number: M17000009113

*corrected ~ new
forms attached ~
Please allow these
docs to have the
original file date.
Thanks!*

We have received your document for INFINITY BISCAYNE BLVD LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not change the jurisdiction to Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 618A00001066

RECEIVED
DEPARTMENT OF STATE
18 JAN 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/17/2018

****WALK IN****

ENTITY NAME INFINITY BISCAYNE BLVD LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 55.00

CHECK # Credit

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY BISCAYNE BLVD 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:

Karen Rodriguez

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, S. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Rodriguez

(Name of Person)

770 777-2091
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

INFINITY BISCAYNE BLVD LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/25/2017

(Date registered with Florida Department of State)

M17000009113

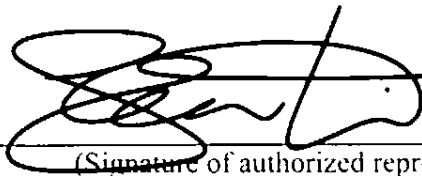
(Florida Document Number)

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)

Steven Kassin

(Typed or printed name of signee)

FILED
18 JAN 18 PM 2:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00