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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 : TRIAD PROFESSIONAL SERVICES
Account Number : T20160000008
Phone : (850)777-2091
Fax Number : (770)220-1943

LLC DISSOLUTION OR WITHDRAWAL
PARKSIDE ESTERO, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

01:41:11 11/22/2019

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**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: PARKSIDE ESTERO, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Parks

(Name of Person)

ETAD Professional Services

(Firm/Company)

1720 Windward Concourse, Ste 390

(Address)

Alpharetta, GA 30005

(City, State and Zip Code)

For further information concerning this matter, please call:

Jennifer Parks

(Name of Person)

770

777-2091

at (

_____) _____
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Citifon Building
1661 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

☒ \$50 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

PARKSIDE ESTERO, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03-23-2018

(Date registered with Florida Department of State)

M18000002876

(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.

/s/ DROR BEZALEL

(Signature of authorized representative)

DROR BEZALEL

(Typed or printed name of signee)

Filing Fee: \$25.00

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