

M 19 0000005769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

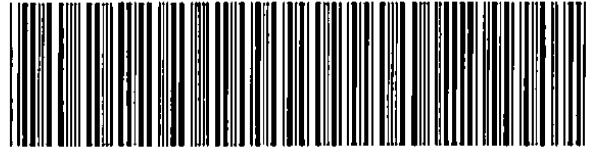
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 27 2019

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 6/25/2019
Acc#120160000072

en: c Dll

Name:	PRCP-FL PEMBROKE, LLC
Document #:	
Order #:	11892114

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRCP-FL Pembroke, 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:

Caro Ferrer

(Name of Person)

Priderock Capital Partners, LLC

(Firm/Company)

525 Okeechobee Blvd. Ste. 1650

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Caro Ferrer

(Name of Person)

561

720-6835

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

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JUN 26 2019

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JUN 26 2019

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PRCP-FL Pembroke, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

June 12, 2019

(Date registered with Florida Department of State)

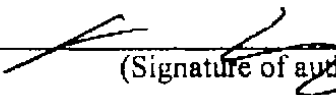
H19000185122

(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)

David Khoury

(Typed or printed name of signee)

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FILED

Filing Fee: \$25.00