



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL

LEMON BAY STATION LIMITED LIABILITY COMPANY

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lemon Bay Station Limited Liability Company  
(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:

\_\_\_\_\_  
(Name of Person)

Lemon Bay Station Limited Liability Company  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)

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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TALLAHASSEE, FLORIDA

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lemon Bay Station Limited Liability Company

(Name of limited liability company)

Ohio

(Jurisdiction of its organization)

December 13, 1996

(Date registered with Florida Department of State)

M96000000497

(Florida Document Number)

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

*Barbara Hood*

(Signature of authorized representative)

Barbara Hood, Authorized Representative

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00