

MO3000000168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

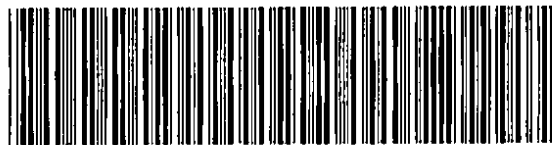
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600419925326


Withdrawal

FILED  
2023 DEC 13 AM 9:43

RECEIVED  
2023 DEC 13 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A.F.W.  
DEC -14 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 193654 8331866  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

---

ORDER DATE : December 13, 2023  
ORDER TIME : 1:21 PM  
ORDER NO. : 193654-055  
CUSTOMER NO: 8331866

---

FOREIGN FILINGS

NAME: ICON IPV ALLAGASH FLORIDA  
OWNER POOL 5 SOUTH FL, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyllena Baker - EXT#

EXAMINER: \_\_\_\_\_

FILED

2023 DEC 13 AM 9:43

CLERK OF COURT  
STATE OF FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Icon IPV Allagash Florida Owner Pool 5 South FL, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

01/15/2003

\_\_\_\_\_  
(Date registered with Florida Department of State)

M03000000168

\_\_\_\_\_  
(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/ Sonya A. Huffman

\_\_\_\_\_  
(Signature of authorized representative)

Sonya A. Huffman

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**