

M100000004016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

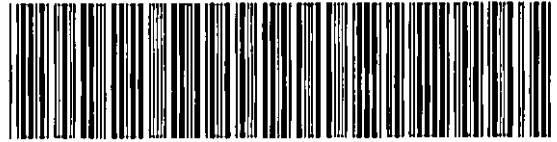
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only




100309905671

FILED  
18 MAR - 1 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2018 MAR - 1 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAR - 2 2018

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

ACCOUNT NO. : I20000000195  
REFERENCE : 091058 4320946  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : March 1, 2018  
ORDER TIME : 11:23 AM  
ORDER NO. : 091058-020  
CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 205 WEST HIGHWAY 436 HOLDINGS,  
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: Roxanne Turner - EXT#

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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

205 West Highway 436 Holdings, LLC

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

Maryland

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

09/10/2010

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

M10000004016

\_\_\_\_\_  
(Florida Document Number)

**FILED**  
18 MAR - 1 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

*Sharmila Das*

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

Sharmila Das

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

**Filing Fee: \$25.00**