

M13000006109

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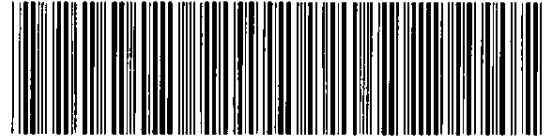
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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 11/18/2024

Name: Cheyenne Davis

Reference #: 2551371

Entity Name: CORDOVA REGENCY, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$25.00

Signature: *Cheyenne Davis*

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #5010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
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Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 11/18/2024

Name: Cheyenne Davis

Reference #: 2551371

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- ☐ Other _____

Authorized Amount: \$25.00

Signature: *Chyma Paine*

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F: +852.2682.9790

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JACKSONVILLE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CORDOVA REGENCY, LLC
(Name of limited liability company)

DE
(Jurisdiction of its organization)

9/26/2013
(Date registered with Florida Department of State)

M13000006109
(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.

Alan Pollack mar
(Signature of authorized representative)

Alan Pollack
(Typed or printed name of signee)

Filing Fee: \$25.00