

M 14 00000 6875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

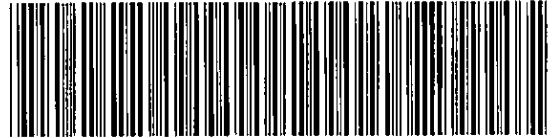
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



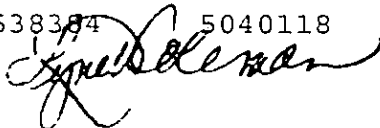
500399920995

RECEIVED  
2023 MAR -1 PM 3:51  
DIPLOMA SERVICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 MAR -1 AM 9:44  
TALLAHASSEE, FLORIDA

3/21/2023

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

ACCOUNT NO. : I20000000195  
REFERENCE : 538384 5040118  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : March 1, 2023  
ORDER TIME : 1:48 PM  
ORDER NO. : 538384-010  
CUSTOMER NO: 5040118

FOREIGN FILINGS

NAME: 319 BAYSHORE BOULEVARD  
APARTMENTS INVESTORS 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: Alexxis Weiland - EXT#

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

FILED

2023 MAR -1 AM 9:44

STATE  
TALLahassee, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

319 Bayshore Boulevard Apartments Investors LLC

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

Delaware

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

September 23, 2014

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

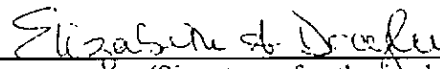
M1400006875

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

Elizabeth A. Draghi

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

**Filing Fee: \$25.00**