

M11000000 8038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

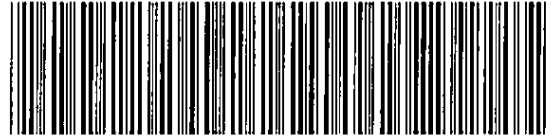
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2019 OCT -1 AM 9:39

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FILED

19 OCT -1 AM 9:27

T GLASS

OCT 02 2019

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

ACCOUNT NO. : I20000000195  
REFERENCE : 939034 8095330  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : September 30, 2019  
ORDER TIME : 8:58 AM  
ORDER NO. : 939034-010  
CUSTOMER NO: 8095330

FOREIGN FILINGS

NAME: 2332 17TH STREET, LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2332 17th Street, LLC  
\_\_\_\_\_  
(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:

Michelle Guzzetta  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4000 MacArthur Blvd., Ste. 550  
\_\_\_\_\_  
(Address)

Newport Beach, CA 92660  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Guzzetta 949 381-7600  
\_\_\_\_\_  
(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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# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2332 17th Street, LLC

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

Delaware

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

11/05/2014

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

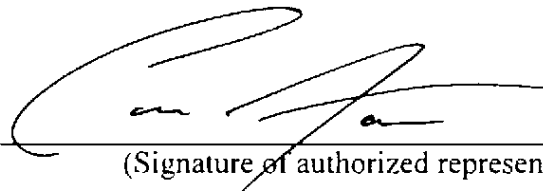
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\_\_\_\_\_  
(Florida Document Number)

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 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)

Carson Faris, Authorized Signer

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

2014-11-05 9:39

APPROVED  
SECRETARY OF STATE

**Filing Fee: \$25.00**