M15000001554

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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05/01/19

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

ACCOUNT NO. : I2000000195 REFERENCE : 744641 AUTHORIZATION COST LIMIT ORDER DATE: April 29, 2019 ORDER TIME : 9:01 AM ORDER NO. : 744641-020 CUSTOMER NO: 4361510 FOREIGN FILINGS NAME: COLFIN MIDWEST FL-CONDOMINIUM, LLC __ CORPORATE _ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

	istration Section ision of Corpora				
SUBJECT:	ColFin Midwest FL-Condominium, LLC				
		(Name of Fo	oreign Limited Liability	Company)	
Dear Sir or M	/ladam:				
The enclosed	l withdrawal and	fee(s) are submitt	ed for filing.		
Please return	all corresponde	nce concerning thi	s matter to the following	g:	
Director of 1	legal				
	4)	ame of Person)		_	
Colony Capi	tal, Inc.				
	(F	imi/Company)		_	
515 S. Flowe	er Street, 44th F	oor			
-	(A	ddress)		_	
Los Angeles.	. CA 90071				
	(C	ity/State and Zip Coo	de)	_	
For further in	formation conce	rning this matter, p	olease call:		
			at ()	
	(Name of Pe	rson)		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 f	ollowing amount:			
S25 Filing		Filing Fee & tificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ColFin Midwest FL	Condominium, LLC	
	(Name of limited liability company)	
Delaware		
<u></u>	(Jurisdiction of its organization)	7
February 26, 2015		3 E
	(Date registered with Florida Department of State)	量し
M15000001554		国主
	(Florida Document Number)	7 -
(If an effective day more than 90 day Note: If the date	fother than the date of filing: ate is listed, the date must be specific and cannot be prior to day after filing.) inserted in this block does not meet the applicable statutory fil be listed as the document's effective date on the Department of	ling requirements,
_	Carol Mayers 34038A18E2E3434 (Signature of authorized representative)	
Ca	(Typed or printed name of signee)	

Filing Fee: \$25.00