

# M15000005420

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

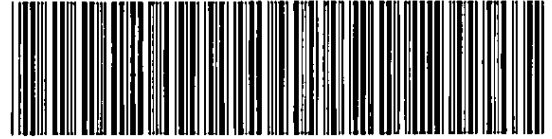
\_\_\_\_\_  
(Business Entity Name)

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

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

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 DEC 15 AM 8:31

FILED

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 DEC 15 AM 11:36

RECEIVED

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

ACCOUNT NO. : I20000000195  
REFERENCE : 249317 4310694  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : December 14, 2022  
ORDER TIME : 9:47 AM  
ORDER NO. : 249317-005  
CUSTOMER NO: 4310694

FOREIGN FILINGS

NAME: ZF MET SQUARE, 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: Eyliena Baker - EXT#

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZF Met Square, 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:

Cassandra Guerdan, Esq.  
\_\_\_\_\_  
(Name of Person)

Nelson Mullins Riley & Scarborough L.L.P.  
\_\_\_\_\_  
(Firm/Company)

390 North Orange Avenue, Suite 1400  
\_\_\_\_\_  
(Address)

Orlando, FL 32801  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cassandra Guerdan, Esq. 407 669-4200  
\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) (Area Code & Daytime Telephone Number)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

FILED

2022 DEC 15 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FL

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ZF Met Square, LLC

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

Delaware

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

07/10/2015

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

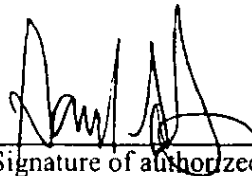
M15000005420

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

Samuel C. Stephens, III, Executive Vice President

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

**Filing Fee: \$25.00**