

M17000010174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK UP

WAIT

MAIL

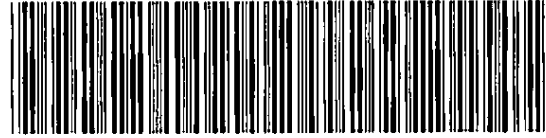
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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O SIMMONS
APR 28 2021

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

ACCOUNT NO. : I20000000195
REFERENCE : 782732 4305390

AUTHORIZATION : 
COST LIMIT : \$ 55.00

ORDER DATE : April 27, 2021
ORDER TIME : 12:01 PM
ORDER NO. : 782732-010
CUSTOMER NO: 4305390

FOREIGN FILINGS

NAME: 45 DOVE PLUM, 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: 45 DOVE PLUM, 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:

Kim McEllen
(Name of Person)

Cole Schotz P.C.
(Firm/Company)

25 Main Street
(Address)

Hackensack, NJ 07601
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim McEllen at (201) 525-6221
(Name of Person) (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

2021 APR 27 AM 9:29

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

45 DOVE PLUM, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 1, 2017

(Date registered with Florida Department of State)

M17000010174

(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)

Robert J. Moser

(Typed or printed name of signee)

Filing Fee: \$25.00