

M18000000

9029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

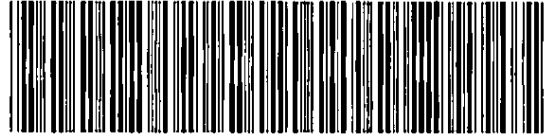
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DATE: 12/12/18

NAME: TAMARAC APARTMENTS, LLC

TYPE OF FILING: WITHDRAWAL

COST: \$75.00

RETURN: PLAIN COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tamarac Apartments, 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:

Janice Chasey, FRP, Paralegal

(Name of Person)

Nelson Mullins Broad and Cassel

(Firm/Company)

390 North Orange Avenue, Suite 1400

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Chasey, FRP, Paralegal

(Name of Person)

407

481-5224

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Tamarac Apartments, LLC

(Name of limited liability company)

State of Delaware

(Jurisdiction of its organization)

October 3, 2018

(Date registered with Florida Department of State)

M18000009029

(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)

William T. Fabbri, EVP of Sole Member of Tamarac Apartments, LLC

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00