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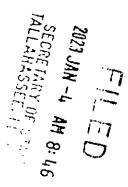
(Requestor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
	Business Entity Name)	
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ascial Instructions to F	Filing Officer:	
	LUCRNE	
	J. HOKIL	
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Office Use Only



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

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

ACCOUNT NO. : I2000000195 REFERENCE : 304238 8248344 AUTHORIZATION : COST LIMIT ORDER DATE: January 3, 2023 ORDER TIME : 9:14 AM ORDER NO. : 304238-005 CUSTOMER NO: 8248344 FOREIGN FILINGS NAME: 111 LAKE HOUSE JV LLC ___ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJEO		ake House JV LLC		
SODJE	L1:	(Name of For	eign Limited Lial	ability Company)
Dear Sir	or Madam:			
The encl	losed withdr	awal and fee(s) are submitte	d for filing.	
Please re	eturn all corr	respondence concerning this	matter to the foll	lowing:
John A.	Zeledon			
		(Name of Person)		-
OneEle	ven Reside	ential LLC		
		(Firm/Company)		- -
174 W.	Comstock	Ave, Suite 111		
		(Address)		
Winter I	Park, FL 32	2789		
	·	(City/State and Zip Cod	e)	
For furth	er informati	on concerning this matter, p	lease call:	
John A.	Zeledon		407 at (415-6311
	(Na	ame of Person)		Code & Daytime Telephone Number)
	Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303
Enclosed	d is a check	for the following amount:		
≣\$ 25 F	iling Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fe Certified Co	=



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

111 Lake House JV LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
11/7/2018
(Date registered with Florida Department of State)
M18000010026
(Florida Document Number)
Effective Date, if other than the date of filing: 2.
(Signature of authorized representative)
John A. Zeledon
(Typed or printed name of signee)

Filing Fee: \$25.00