

M210000004052

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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MAR -6 AM 10:02 2023
STATE ALLAHABAD

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

ACCOUNT NO. : I20000000195
REFERENCE : 550286 4321040
AUTHORIZATION : *Spencer*
COST LIMIT : \$ 25.00

ORDER DATE : March 6, 2023
ORDER TIME : 1:31 PM
ORDER NO. : 550286-045
CUSTOMER NO: 4321040

FOREIGN FILINGS

NAME: 160 S HIBISCUS FL 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: Alexxis Weiland-sorenson - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 160 S Hibiscus FL 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:

Mary Golonka

(Name of Person)

ArentFox Schiff LLP

(Firm/Company)

233 South Wacker Drive, Suite 7100

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Golonka

(Name of Person)

312 258-4604

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

160 S Hibiscus FL LLC

(Name of limited liability company)

Wyoming

(Jurisdiction of its organization)

04/08/2021

(Date registered with Florida Department of State)

M21000004052

(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.

/s/ Josh Lehman

(Signature of authorized representative)

Josh Lehman

(Typed or printed name of signee)

FILED
2021 APR 6 AM 10:03
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

Filing Fee: \$25.00