

# M22 00000 8205

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

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

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

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

PICK-UP     WAIT     MAIL

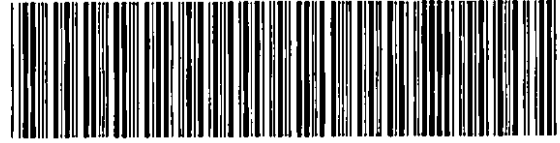
\_\_\_\_\_  
(Business Entity Name)

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

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**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 12/21/2023

*Eric D. W.*

Acc#I20160000072

Name:	1691 Michigan Avenue Property Owner GP, L.L.C.
Document #:	
Order #:	15287599 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
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 Ref# \_\_\_\_\_

Amount: \$ 25.00

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1691 MICHIGAN AVENUE PROPERTY OWNER GP, L.L.C.  
\_\_\_\_\_  
(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:

Max Reich

\_\_\_\_\_  
(Name of Person)

Rinaldi, Finkelstein & Franklin, LLC

\_\_\_\_\_  
(Firm/Company)

591 West Putnam Avenue

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

Greenwich, CT 06830

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Max Reich

203

485-5102

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

\_\_\_\_\_  
(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

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

1691 MICHIGAN AVENUE PROPERTY OWNER GP, L.L.C.

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

05/24/2022

(Date registered with Florida Department of State)

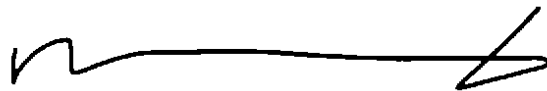
M22000008205

(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)

Nick Antonopoulos, Authorized Signatory

(Typed or printed name of signee)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00