

5/25/2021

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL
MAIZON APARTMENTS TRS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maizon Apartments TRS, 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:

Cassandra Guerdan, Esq.

(Name of Person)

Nelson Mullins Riley & Scarborough LLP

(Firm/Company)

390 North Orange Ave., Suite 1400

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Cassandra Guerdan, Esq.

(Name of Person)

407

839-4200

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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Maizon Apartments TRS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

May 23, 2017

(Date registered with Florida Department of State)

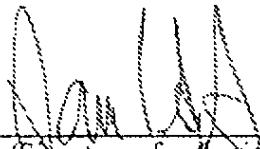
M17000004386

(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)

Samuel C. Stephens, III, Exec. Vice President of General Partner of Member

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA**Filing Fee: \$25.00**

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