

M22000008205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

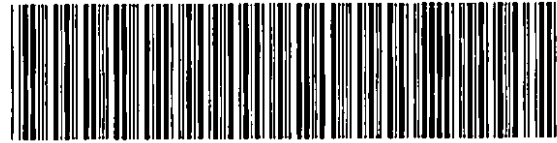
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Date: 12/21/2023
Acc#I20160000072

en: c JH

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

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
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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

(Name of Person) 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

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)

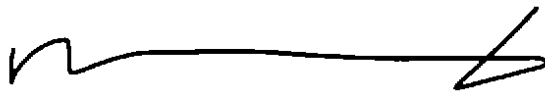
M22000008205

(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)

RECORDS SECTION
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00