

MO30000000168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

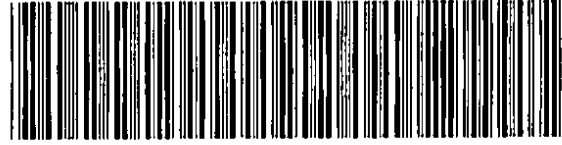
(Business Entity Name)

(Document Number)

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Withdrawal

2023 DEC 13 AM 9:43

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2023 DEC 13 PM 3:18

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A.F.W.

DEC -14 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 193654 8331866

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 13, 2023

ORDER TIME : 1:21 PM

ORDER NO. : 193654-055

CUSTOMER NO: 8331866

FOREIGN FILINGS

NAME: ICON IPV ALLAGASH FLORIDA
OWNER POOL 5 SOUTH 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: Eyliena Baker - EXT#

EXAMINER: _____

FILED

2023 DEC 13 AM 9:43

CLERK OF COURT
FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Icon IPV Allagash Florida Owner Pool 5 South FL, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/15/2003

(Date registered with Florida Department of State)

M03000000168

(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/ Sonya A. Huffman

(Signature of authorized representative)

Sonya A. Huffman

(Typed or printed name of signee)

Filing Fee: \$25.00