

1103000004347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

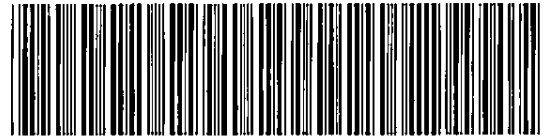
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 31 AM 8:40

RECORDED
2018 JAN 31 AM 9:54
TALLAHASSEE, FLORIDA

K. SALY

FEB 1 2018

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/30/2018

PRIORITY Routine

OUR REF # (Order ID#) 627574

ORDER ENTITY
FREEDOM RESORT & SPA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FREEDOM RESORT & SPA, LLC (FL)

File the attached cancellation document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MG" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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DIVISION OF CORPORATIONS
18 JAN 31 AM 8:40

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FREEDOM RESORT & SPA LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

DECEMBER 30, 2003

(Date registered with Florida Department of State)

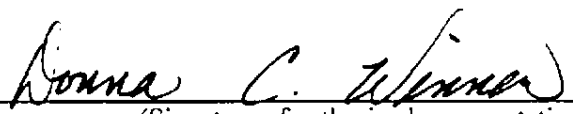
M03000004347

(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)

DONNA C. WINNER, MEMBER

(Typed or printed name of signee)

Filing Fee: \$25.00