



**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,

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.

FILED  
SECRETARY OF STATE  
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)

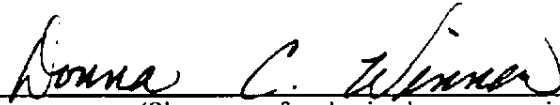
M03000004347

\_\_\_\_\_  
(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**