M04000003595

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|-----------------------------------------|------|
| (Requestor's Name) | - |
| | |
| (Address) | |
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| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT N | 1AIL |
| (Business Entity Name) | |
| (Dusiness Entry Name) | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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TALLABASCEE TLOFIDA

18 AUG 28 AM 7: 47

AGEST A CONTRACTOR AND A CONTRACTOR AND

18 AUG 28 PM 4: 10

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | |
|-------------------------------------------------|--|--|
| REFERENCE : 366310 163137A | | |
| AUTHORIZATION : | | |
| COST LIMIT : \$25.00 | | |
| | | |
| ORDER DATE : August 28, 2018 | | |
| ORDER TIME : 2:46 PM | | |
| ORDER NO. : 366310-020 | | |
| CUSTOMER NO: 163137A | | |
| | | |
| FOREIGN FILINGS | | |
| | | |
| NAME: SANDY LANE BEACH FRONT LLC | | |
| Willia. Diarbi Hara bilitari i Romi bilitari | | |
| | | |
| CORPORATE LIMITED PARTNERSHIP | | |
| XX LIMITED LIABILITY COMPANY | | |
| XXXX WITHDRAWAL/CANCELLATION | | |
| | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| CERTIFIED COPY | | |
| XX PLAIN STAMPED COPY CERTIFICATE OF STATUS | | |

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Sandy Lane Bea | chfront LLC |
|-----------------------------------------------------|----------------------------------------------------|
| | (Name of limited liability company) |
| Delaware | THE THE |
| | (Jurisdiction of its organization) |
| 9/1/2004 | |
| - | (Date registered with Florida Department of State) |
| MO4000003595 | |
| | (Florida Document Number) |
| (If an effective more than 90 Note: If the da | e, if other than the date of filing: |
| | (Signature of authorized representative) |
| | Rhonda G. Matty |
| | (Typed or printed name of signee) |

Filing Fee: \$25.00