

11040000039417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200440469262

12/04/24-01005-018 **25.00

SEAL OF THE STATE
TALLAHASSEE, FL

2024 DEC -4, PM 2:05

FILED

113

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goodrich Realty Management, LLC

(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:

Joseph Marzilli

(Name of Person)

Goodrich, LLC

(Firm/Company)

7108 Fairway Drive, Suite 305

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Composto 561 459-2660

(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Goodrich Realty Management, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 22, 2004

(Date registered with Florida Department of State)

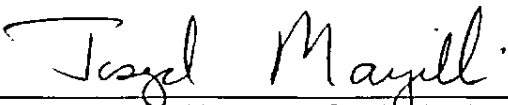
M04000003947

(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)

Joseph Marzilli

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2024 DEC 14 PM 2:00
CLERK OF THE
TALLAHASSEE, FL