

MOS000000SS80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

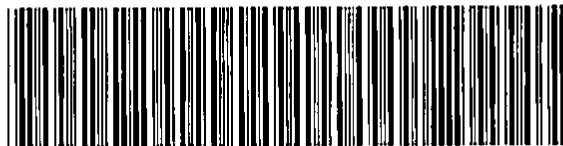
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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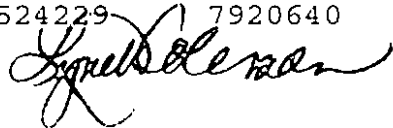
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OFFICE OF THE CLERK
STATE OF FLORIDA

FILED
2020 NOV 20 AM 9:02

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

ACCOUNT NO. : I20000000195

REFERENCE : 524229 7920640

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : November 20, 2020

ORDER TIME : 1:24 PM

ORDER NO. : 524229-010

CUSTOMER NO: 7920640

FOREIGN FILINGS

NAME: 144 W. LAND STREET TAFT, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER: _____

144 W. Land Street Taft, LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

Richard E. Straughn

(Name of Person)

(Area Code & Daytime Telephone Number)

Street Address:

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

☞ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

☐ \$60 Filing Fee.
Certificate of Status &
Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

144 W. Land Street Taft, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

9/30/2005

(Date registered with Florida Department of State)

M05000005580

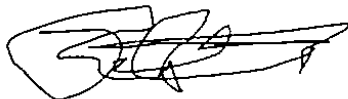
(Florida Document Number)

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)

Richard E. Straughn

(Typed or printed name of signee)

2020 NOV 20 AM 9:02

611111

Filing Fee: \$25.00