

MA6000004869

\_\_\_\_\_  
(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:

J DENNIS  
MAY 18 2023

Office Use Only



200403565762

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2023 MAR 20 PM 4:16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thornton Viera 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:

Benjamin Lefkowitz

\_\_\_\_\_  
(Name of Person)

Leeds Properties Inc

\_\_\_\_\_  
(Firm/Company)

3350 Riverwood Pkwy SE, Suite 450

\_\_\_\_\_  
(Address)

Atlanta, GA 30339

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Everhart

\_\_\_\_\_  
(Name of Person)

678

501-5346

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:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Thornton Viera, LLC

\_\_\_\_\_  
(Name of limited liability company)

DE

\_\_\_\_\_  
(Jurisdiction of its organization)

September 5, 2006

\_\_\_\_\_  
(Date registered with Florida Department of State)

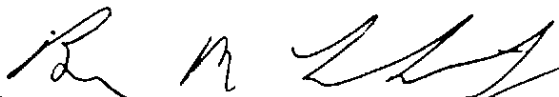
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\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: June 24, 2022 (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)

Benjamin Lefkowitz, Leeds Properties Inc., Manager

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**