11070006164

| (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



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE : February 12, 2019

ORDER TIME : 10:16 AM

ORDER NO. : 628709-005

CUSTOMER NO: 7232314

FOREIGN FILINGS

NAME: OMAHA PARK AT COUNTRYSIDE 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: Emily Croft - EXT# 62925

COVER LETTER

| | | | Section Corporations | | | |
|--|--------|----------|--|---|---|--|
| SUBJEC | CT: | Omaha | Park at Countryside LLC | | | |
| | | | (Name of Fo | reign Limited Liability | Company) | |
| Dear Sir | or N | fadam: | | | | |
| The encl | osed | withdra | wal and fee(s) are submitte | ed for filing. | | |
| Please re | turn | all com | espondence concerning this | matter to the following | ŗ. | |
| | | | (Name of Person) | | - | |
| | | | (Name of Person) | | WELKS: | 2019 FEB |
| | | | (Firm/Company) | | - C - | 12 A |
| | | | (Address) | | - | 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2 |
| | | | (City/State and Zip Coo | le) | - | |
| For furth | er in | formatio | on concerning this matter, p | olease call: | | |
| | | | | at (|) Daytime Telephone Number) | |
| | | (Na | me of Person) | (Area Code & | Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | | Section Corporations ding ive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed | d is a | check | for the following amount: | | | |
| □ \$ 25 Fi | iling | Fee | ☐ \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Omaha Park at Count | ryside LLC | |
|--|--|---------------------|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | |
| October 12, 2007 | | T/. 2 |
| | (Date registered with Florida Department of State) | |
| M07000006164 | | AR TEB |
| | (Florida Document Number) | 12 A |
| This limited liability | ty company is withdrawing its certificate of authority in this | s state. D |
| Effective Date, if o | ther than the date of filing: | (optional) |
| (If an effective date more than 90 days | e is listed, the date must be specific and cannot be prior to d | late of filing 67 |
| Note: If the date in | serted in this block does not meet the applicable statutory fe listed as the document's effective date on the Department | iling requirements, |
| tins date will not be | c instead as the document is effective date on the Department | of State 8 records. |
| | (Signature of authorized representative) | |
| | (Signature of authorized representative) | |
| Con | nell J. Watters | |
| | (Typed or printed name of signee) | |