M07000006434

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
P(s)	, WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer.

Office Use Only



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2021 HAY 20 PK 1:58

Willydrawal

MAY 21 2021 ! ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 822623/ 7143029

AUTHORIZATION : Symbol Valor

COST LIMIT : \$ 25.00

ORDER DATE: May 20, 2021

ORDER TIME : 11:15 AM

ORDER NO. : 822623-005

CUSTOMER NO: 7143029

FOREIGN FILINGS

NAME: AMB I-75, LLC

___ 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

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

TO:		istration ision of (Section Corporations			
CUD IE	CT.	AMB I-	75, LLC			
SUBJE	.C1:		(Name of For	eign Limited Lial	bility (Company)
Dear Si	r or N	/adam:				-
The end	closed	l withdra	wal and fee(s) are submitte	d for filing.		
Please	return	all corre	espondence concerning this	matter to the foll	owing	:
Marily	n Ca	rtwright				
			(Name of Person)			
Prolog	jis, Ir	IC.				
			(Firm/Company)			
1800 \	Waze	ee St., S	uite 500			
			(Address)			
Denve	er, C0	O 80202				
			(City/State and Zip Coo	de)		
For fur	ther i	nformati	on concerning this matter, p	please call:		
Marily	n Ca	rtwright		303 at (567-5484
		(Na	me of Person)	(Arca (Code &	Daytime Telephone Number)
	Re Di P.0	vision o D. Box	on Section of Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	ed is	a check	for the following amount	:		
□ \$ 25	Filin	g Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing F Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AMB 1-75, LL0	
	(Name of limited liability company)
Delaware	20
	(Jurisdiction of its organization)
11/08/2007	2. P. C.
	(Date registered with Florida Department of State)
M070000066	4
	(Florida Document Number)
Effective Dat (If an effective more than 90 Note: If the o	ability company is withdrawing its certificate of authority in this state. e, if other than the date of filing:
	(Signature of authorized representative)
	Marilyn Cartwright, Authorized Representative
	(Typed or printed name of signee)

Filing Fee: \$25.00