MC8 000 CCC 59C

(Requestor's Name)	
(Address)	
	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Business Endty Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<u> </u>	

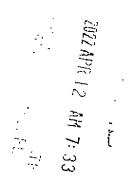
Office Use Only



100363597911

04/13/21--01004--010 **450.00

RECEIVED
APR 1 2 2021



O SIMMONS MAY 2 8 2071

COVER LETTER

	gistration S vision of C	ection orporations			
SUBJECT:	Agree Charlotte County, LLC				
зовяест.		(Name of For	eign Limited Liabilit	y Company)	
Dear Sir or	Madam:				
The enclose	d withdraw	ral and fee(s) are submitted	d for filing.		
Please return	n all corres	pondence concerning this	matter to the followi	ng:	
Susan Moo	re				
		(Name of Person)		_	
Agree Real	ty Corpora	tion			
		(Firm/Company)	-		
70 E. Long	Lake Road	ı			
		(Address)			
Bloomfield	Hills, MI	48304			
		(City/State and Zip Cod	<u> </u>	_	
For further i	information	concerning this matter, p	lease call;		
Danielle Sp	ehar		248	737-4190	
	(Nan	ie of Person)	at (& Daytime Telephone Number)	
Re Div Cli 260	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		istration Section ision of Corporations . Box 6327		
Enclosed is	a check fo	or the following amount:			
🛭 \$25 Filin	g Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee. Certificate of Status & Certified Copy	

2022 APR 12 AM 7: 33

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Agree Charlotte County, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
February 1, 2008
(Date registered with Florida Department of State)
M0800000590
(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:
Danielle Spehar, Authorized Representative
(Typed or printed name of signce)

Filing Fee: \$25.00