

MD9000002865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

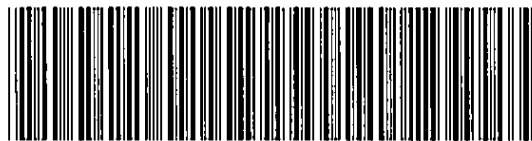
(Document Number)

Certified Copies ✓

Certificates of Status   

Special Instructions to Filing Officer:

Office Use Only



600342488846 ✓

05/04/20--01019--009 \*\*55.00

S TAIL FMT  
JUN 10 2020

2020 JUN 28 PM 4: 06

Notice  
or  
withdrawal



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2020

ROBERT J. MCINERNEY  
CROSSLYN MAX II, LLC  
99 SUNSET DRIVE  
TINTON FALLS, NJ 07724

SUBJECT: CROSSLYN MAX II, LLC  
Ref. Number: M08000002865

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 620A00010248

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CROSSLYN MAX II, 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:

ROBERT MC INERNEY  
(Name of Person)

CROSSLYN MAX II, LLC  
(Firm/Company)

99 SUNSET DRIVE  
(Address)

TINTON FALLS, NEW JERSEY 07724  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT MC INERNEY at ( 848 ) 217-7282  
(Name of Person) (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

ALREADY SENT IN  
CHECK # 2632  
5/1/20

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

CROSSLYN MAX II, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

06/12<sup>13</sup>/2008

(Date registered with Florida Department of State)

MO8000002865

(Florida Document Number)

2020 JUN 28 PM 4:06

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)

ROBERT J. MC INELNEY

(Typed or printed name of signee)