

MO900000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

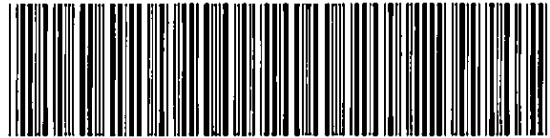
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL -2 A 7:48 JUL -2 PM 4:31

7/3/18 05

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 283693 167868A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : July 2, 2018
ORDER TIME : 2:17 PM
ORDER NO. : 283693-025
CUSTOMER NO: 167868A

2018 JUL -2 A 7:06

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FOREIGN FILINGS

NAME: REDUS FLORIDA COMMERCIAL, 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: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDUS Florida Commercial, 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:

Amanda Martocchio

(Name of Person)

Wells Fargo Legal Department

(Firm/Company)

301 South College Street, D1053-300

(Address)

Charlotte, NC 28288

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Martocchio

(Name of Person)

704

at (_____) _____

(Area Code & Daytime Telephone Number)

410-9090

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

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

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2013 JUL - 2 A 7:06

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

REDUS Florida Commercial, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/06/2009

(Date registered with Florida Department of State)

M09000000039

(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: _____ (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)

Amanda Martocchio, Secretary of Managing Member

(Typed or printed name of signee)

Filing Fee: \$25.00

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2009 JUL -7 A 7:06