(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:
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: WD-6433 Billevan AUTHORIZATION COST LIMIT : ORDER DATE : 05/21/2024 ORDER TIME : ORDER NO. : CUSTOMER NO: FOREIGN FILINGS NAME: Plaza Spa Ocean Waters LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: AMANDA MILLER

COVER LETTER

	on Section of Corporations		
Plaz	a Spa Ocean Waters LLC		
300MDC1.	(Name of For	eign Limited Liability	Company)
Dear Sir or Madan	n:		
The enclosed with	drawal and fee(s) are submitte	d for filing.	
Please return all co	prrespondence concerning this	matter to the following	g:
Ann Marie Pozzi	ni		
	(Name of Person)		_
Arbor Realty SR	, Inc.		
	(Firm/Company)		-
333 Earle Oving	ton Blvd., Suite 900		
	(Address)		_
Uniondale, NY 1	1553		
	(City/State and Zip Cod	e)	_
For further informa	ation concerning this matter, p	lease call:	
	Name of Daniel	at (
(Name of Person)	(Area Code 8	& Daytime Telephone Number)
Divisior P.O. Bo	ition Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a chec	k for the following amount:		
■S25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NOTICE	OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY
	Waters LLC (Name of limited liability company)
Plaza Spa Ocean	Waters LLC
	(Name of limited liability company)
DE .	S. S.
	(Jurisdiction of its organization)
July 14, 2009	
	(Date registered with Florida Department of State)
M09000002723	
	(Florida Document Number)
This limited liabi	lity company is withdrawing its certificate of authority in this state.
(If an effective da more than 90 day Note: If the date	other than the date of filing:
	Ann Marie Pozzini (Signature of Anthorized representative) an Marie Pozzini
	(Typed or printed name of signee)

Filing Fee: \$25.00