M0900000386H

(Requestor's Name)	<u> </u>		
(Address)			
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CORPORATION SERVICE COMPANY 1201 Hays Street

___ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 352013/1 7484678 AUTHORIZATION COST LIMIT : \$ 60.00 ORDER DATE: December 28, 2021 ORDER TIME : 9:55 AM ORDER NO. : 352013-015 CUSTOMER NO: 7484678 FOREIGN FILINGS NAME: CR MIAMI EMPLOYMENT, LLC _ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ___ PLAIN STAMPED COPY

EXAMINER:

COVER LETTER

	on Section of Corporations		
	liami Employment, LLC		
SUBJECT:	(Name of Fo	oreign Limited Liability	y Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitt	ed for filing.	
Please return all co	rrespondence concerning thi	s matter to the following	og:
Henry Dittmer			
	(Name of Person)		_
CR Miami Emplo	yment, LLC dba Canyon F	Ranch	
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		_
8600 E. Rockcliff	Road		
······································	(Address)		_
Tucson/Arizona 8	5750		
	(City/State and Zip Co	de)	_
For further informat	tion concerning this matter,	please call:	
Henry Dittmer		520 at (749-7769
0	lame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion 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 check	for the following amount:		
□\$25 Filing Fec	☐ \$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

CR Miami Employment, LLC		
(Name of limited liability company)	-	
Arizona	~	. 3
(Jurisdiction of its organization)		3
9/29/2009		Jün
(Date registered with Florida Department of State)		S D
M0900003864	,-	
(Florida Document Number)		
		Si
This limited liability company is withdrawing its certificate of authority in this s	tate.	~~
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 dat	c of filing or	
more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory fili		m t a
this date will not be listed as the document's effective date on the Department of	ng requireme f State's recor	nts, ds.
(Signature of authorized representative)		us.
Henry Dittmer		
(Typed or printed name of signee)		

Filing Fee: \$25.00