## M10000000081

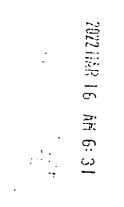
| (Requ                                   | estor's Name)  |       |  |  |
|---|----------------|-------|--|--|
| (Addre                                  | ess)           |       |  |  |
| (Addre                                  | ess)           |       |  |  |
| (City/S                                 | State/Zip/Phon | ne #) |  |  |
| PICK-UP                                 | WAIT           | MAIL  |  |  |
| (Busir                                  | ness Entity Na | me)   |  |  |
| (Docu                                   | ment Number    | )     |  |  |
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| Special Instructions to Filing Officer: |                |       |  |  |
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O SIMMONE MAY 25 2021

## **COVER LETTER**

| TO:       |                   |           | Section<br>Corporations                      |                                      |  |
|-----------|-------------------|-----------|--|--------------------------------------|--|
| SUBJE     | СТ·               | 500 AL    | TON ROAD HOLDINGS                            | , LLC                                |  |
| SUBJE     | CI:               |           | (Name of Fo                                  | reign Limited Liability              | Company)   |
| Dear Sir  | r or N            | Iadam:    |  |                                      |  |
| The enc   | losed             | withdra   | wal and fee(s) are submitt                   | ed for filing.                       |  |
| Please r  | eturn             | all corre | espondence concerning thi                    | s matter to the followin             | g:   |
| RITA M    | 4. RI             | CO        |  |                                      |  |
|           |                   |           | (Name of Person)                             |                                      | _  |
| C/O CR    | RESC              | ENT HE    | EIGHTS                                       |                                      |  |
|           |                   |           | (Firm/Company)                               |                                      | _  |
| 2200 BI   | ISCA              | YNE BO    | OULEVARD                                     |                                      |  |
|           |                   |           | (Address)                                    | _                                    | _  |
| MIAMI     | l, FLC            | ORIDA :   | 33137  |                                      |  |
|           |                   |           | (City/State and Zip Co                       | de)                                  | _  |
| For furtl | her in            | formatio  | on concerning this matter,                   | please call:                         |  |
| JEFFRE    | EY LO             | OWE       |  | 305<br>at (                          | 374-5700   |
|           |                   | (Na       | me of Person)                                |                                      | & Daytime Telephone Number)  |
|           | Reg<br>Div<br>P.O | ision o   | on Section of Corporations                   |                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclose   | d is a            | check     | for the following amount                     | :                                    |  |
| ≣\$25 I   | Filing            | Fee       | ☐ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee,  Certificate of Status &  Certified Copy  |

## 2022 HAR 16 AM 6:31

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| 500 ALTON ROAD HOLDINGS, LLC   |
|--|
| (Name of limited liability company)  |
| DELAWARE   |
| (Jurisdiction of its organization)   |
| 2/10/2010  |
| (Date registered with Florida Department of State)   |
| M1000000681  |
| (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: |
| (Signature of authorized representative)  PABLO DE ALMAGRO, TREASURER  (Tread are rejected representative)                                   |
| (Typed or printed name of signee)  |

Filing Fee: \$25.00