

M10000004015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

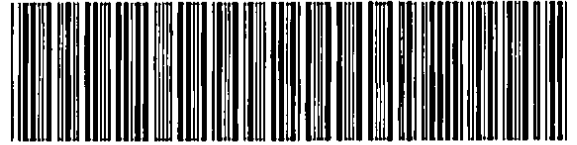
(Business Entity Name)

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TALLAHASSEE, FLORIDA

MAR 02 2018  
Y SULKER

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

ACCOUNT NO. : I20000000195  
REFERENCE : 091058 4320946  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : March 1, 2018  
ORDER TIME : 11:22 AM  
ORDER NO. : 091058-015  
CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 7900 CONWAY ROAD HOLDINGS, 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: \_\_\_\_\_

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

7900 Conway Road Holdings, LLC

\_\_\_\_\_  
(Name of limited liability company)

Maryland

\_\_\_\_\_  
(Jurisdiction of its organization)

09/10/2010

\_\_\_\_\_  
(Date registered with Florida Department of State)

M10000004015

\_\_\_\_\_  
(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.

FILED  
18 MAR - 11 AM '09  
TALLAHASSEE, FLORIDA

*Sharmila Das*

\_\_\_\_\_  
(Signature of authorized representative)

Sharmila Das

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**