

MI1000004031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

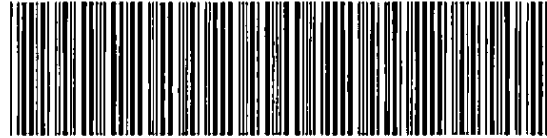
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
19 JUL 16 PM 10:19  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
2019 JUL 16 PM 4:14  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY  
JUL 17 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 845468 7288091

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : July 16, 2019

ORDER TIME : 3:52 PM

ORDER NO. : 845468-035

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: WATERFORD PARK APARTMENTS, 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

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

RECEIVED  
2019 JUL 16 PM 4:11  
TALLAHASSEE, FL 32301

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waterford Park Apartments, 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:

Donna Cohen

\_\_\_\_\_  
(Name of Person)

TIAA

\_\_\_\_\_  
(Firm/Company)

730 Third Avenue, 12th Floor

\_\_\_\_\_  
(Address)

New York, NY 10017

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Cohen

212

490-9000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Waterford Park Apartments, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

August 11, 2011

(Date registered with Florida Department of State)

M11000004031

(Florida Document Number)

FILED  
19 JUL 16 PM 10:19  
TALLAHASSEE, FLORIDA

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.

*Donna Cohen*

(Signature of authorized representative)

Donna Cohen

(Typed or printed name of signee)

**Filing Fee: \$25.00**