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| (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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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 10/03/2019 | | | | | | |
|--------------|-----------------------------------|------------------------|--|--|--|--|--|
| Name: | | | | | | | |
| Reference | #:1136735 | | | | | | |
| Entity Name | e:TIMBERLAKE | PROPERTY LL, LLC | | | | | |
| | les of Incorporation/Authorizatio | n to Transact Business | | | | | |
| Ame | ndment | | | | | | |
| Char | nge of Agent | | | | | | |
| ☐ Rein | statement | | | | | | |
| Conv | Conversion | | | | | | |
| ☐ Merg | ger | | | | | | |
| ✓ Disse | olution/Withdrawal | | | | | | |
| ☐ Fictit | ious Name | | | | | | |
| Othe | er | | | | | | |
| | | | | | | | |
| Authorized . | Amount: \$25 | | | | | | |
| Signature: | uu | | | | | | |

COVER LETTER

| | gistration Se vision of Cor | | | |
|---|--------------------------------|--|--|---|
| SUBJECT: | Timberlak | e Property LL, LLC | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (Name of For | eign Limited Liability (| Company) |
| Dear Sir or I | Madam: | | | |
| The enclosed | d withdrawa | l and fee(s) are submitte | d for filing. | |
| Please return | all corresp | ondence concerning this | matter to the following | : |
| Sheldon Ber | nder | | | |
| | | (Name of Person) | | |
| Blank Rome | e LLP | | | |
| *********** | | (Firm/Company) | | |
| One Logan | Square, Thii | d Floor | | |
| | · <u> </u> | (Address) | | |
| Philadelphia | a, PA 19103 | -6998 | | |
| | | (City/State and Zip Cod | e) | • |
| For further is | nformation o | concerning this matter, p | lease call: | |
| Sheldon Ber | nder | | 215 at (| 569-5406) |
| | (Name | of Person) | (Area Code & | Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | | MAILING ADDRESS: Registration Section Division of Corporations | | |
| Clis 266 | fton Buildin | g Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is | a check for | the following amount: | | |
| S25 Filing | g Fee 🛚 🖸 | 2 \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Timberlake Pi | Property LL, LLC | |
|--|--|--|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | |
| August 12, 20 | 011 | |
| | (Date registered with Florida Department of State) | ·-· |
| M110000004 | 1064 | |
| | (Florida Document Number) | |
| This limited | d liability company is withdrawing its certificate of authority in this | s state. |
| (If an effection of the More than 9 Note: If the | Pate, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to d 90 days after filing.) a date inserted in this block does not meet the applicable statutory f ill not be listed as the document's effective date on the Department | filing requirements, |
| | (Signature of authorized representative) Sheldon Bender (Typed or printed name of signee) | 2019 OCT -3 AM 9: 0 SECTOMBER 17ALLAMASSE 17AL |

Filing Fee: \$25.00