

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

ACCOUNT NO. : I20000000195

REFERENCE : 387613 4320946

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 12, 2020

ORDER TIME : 11:02 AM

ORDER NO. : 387613-015

CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 2909 SOUTH 25TH STREET
HOLDINGS, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX 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: Kadesha Roberson - EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2909 SOUTH 25TH STREET HOLDINGS, 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:

Amanda Lopez

(Name of Person)

CWCapital Asset Management LLC

(Firm/Company)

7501 Wisconsin Avenue, Suite 500 West

(Address)

Bethesda/Maryland 20814

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Lopez 202 715-9500

(Name of Person) at () (Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2909 SOUTH 25TH STREET HOLDINGS, LLC

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

02/27/2012

(Date registered with Florida Department of State)

M12000001084

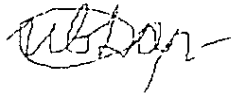
(Florida Document Number)

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.



(Signature of authorized representative)

Daria Ivanova, Esq., Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00