

# M12000004391

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

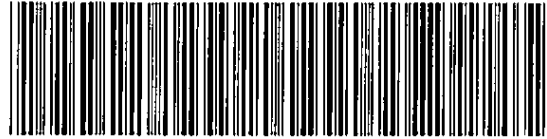
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



700328154857

FILED  
19 APR 30 AM 7:40  
RECEIVED  
DEPARTMENT OF STATE  
19 APR 20 AM 9:38

3/10/19

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

ACCOUNT NO. : I20000000195

REFERENCE : 744777 7708536

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : April 30, 2019

ORDER TIME : 9:11 AM

ORDER NO. : 744777-005

CUSTOMER NO: 7708536

FOREIGN FILINGS

NAME: ORLANDO LIFESTYLES 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: Lydia Cohen - EXT# 62974

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORLANDO LIFESTYLES 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:

SANJEN CHOTIRMAN  
(Name of Person)

ORLANDO LIFESTYLES LLC  
(Firm/Company)

850 PATERSON PLANK ROAD  
(Address)

DECAUERS NJ 07094  
(City/State and Zip Code)

For further information concerning this matter, please call:

SANJEN CHOTIRMAN at ( 201 ) 243 2500 XN520  
(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:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ORLANDO LIFESTYLES LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

(Date registered with Florida Department of State)

M12000004391

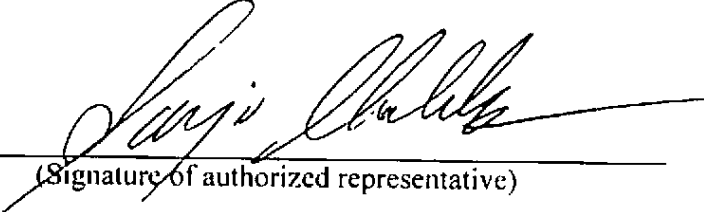
(Florida Document Number)

FILED  
MAR 30 AM 7:40  
19

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)

SANJIV CHATURHAN  
(Typed or printed name of signee)

Filing Fee: \$25.00