(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



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RECEIVED

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

ACCOUNT NO. : 12000000195						
REFERENCE : 953754 8254485						
AUTHORIZATION: Lovelle Rear						
COST LIMIT : \$ 25.00						
ORDER DATE : August 11, 2021						
ORDER TIME : 2:36 PM						
ORDER NO. : 953754-005						
CUSTOMER NO: 8254485						
FOREIGN FILINGS						
NAME: NIC 4 VILLAGE PLACE LEASING 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						

EXAMINER: ____

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

	istration : ision of C	Section Torporations		
CHDIECT.	NIC 4 V	ILLAGE PLACE LEASI	NG LLC	
SUBJECT:		(Name of Fo	reign Limited Liability	Company)
Dear Sir or M	Madam:			
The enclosed	l withdray	val and fee(s) are submitte	ed for filing.	
Please return	all corres	spondence concerning this	s matter to the followin	g:
JOSE TOR	RES			
		(Name of Person)		_
NEW SENI	OR INVE	ESTMENT GROUP INC	s.	
		(Firm/Company)		_
55 WE ST 4	16TH STI	REET, SUITE 2204		
		(Address)		_
NEW YOR	K, NY 10	036		_
		(City/State and Zip Coo	de)	_
For further in	nformatio	n concerning this matter, p	olease call:	
JOSE TOR	RES		646 at (969-2069
	(Nan	ne of Person)	(Area Code 8	C 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	a check fo	or the following amount:		
□\$25 Filing	g Fee	S30 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

NIC 4 VILLAGE PLACE LEASING LLC			
(Name of limited liability company)			_
DELAWARE			
(Jurisdiction of its organization)			
APRIL 15, 2013			
(Date registered with Florida Department of State)			
M13000002368			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this st	late.		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of Ass. Man.	e of fili ng requi	iremer	
(Signature of authorized representative)			
	**		
LORI MARINO, VICE PRESIDENT	,		يا الله الله الله الله الله الله الله ال
(Typed or printed name of signee)	; ; _;;	0	¹

Filing Fee: \$25.00