

M13000004416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

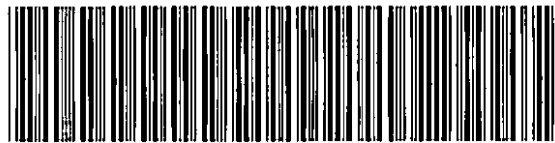
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 17 2024

Office Use Only



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2024 DEC 16 AM 10:57
Filing Office
TALLAHASSEE, FLORIDA

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2024 DEC 16 AM 11:18
Filing Office
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 12/16/24
Order #: 1725948-2
Re: M-311 Meridian Owner, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "A. Miller", is written over a faint, larger signature that appears to be "A. Miller".

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

M-311 Meridian Owner, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 15, 2013

(Date registered with Florida Department of State)

M13000004446

(Florida Document Number)

FILED
2024 DEC 16 AM 10:57
CLERK OF THE COURT
STATE OF FLORIDA

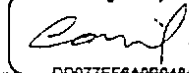
This limited liability company is withdrawing its certificate of authority in this state.

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.

DocuSigned by:



DD977EF6A6B8484

(Signature of authorized representative)

Camilo Miguel, Jr.

(Typed or printed name of signee)

Filing Fee: \$25.00

CSC WD-11410