

MI3D00005439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 DEC 21 AM 9:05

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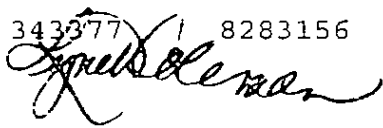
Withdrawal

DEC 22 2021
ALBRITTON

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

ACCOUNT NO. : I20000000195

REFERENCE : 343377 8283156

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 21, 2021

ORDER TIME : 2:09 PM

ORDER NO. : 343377-045

CUSTOMER NO: 8283156

FOREIGN FILINGS

NAME: 3003 WEST VINE, LLC

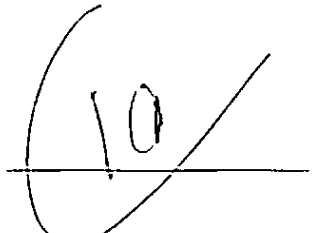
____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

3003 West Vine, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

| | |
|--|---------------------|
| 3003 West Vine, LLC | 2021 FEB 21 AM 9:05 |
| (Name of limited liability company) | |
| Delaware | |
| (Jurisdiction of its organization) | |
| 8/28/2013 | |
| (Date registered with Florida Department of State) | |
| M13000005439 | |
| (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)

Mary Jane Broussard

(Typed or printed name of signee)

Filing Fee: \$25.00