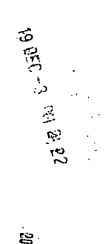
## M130000569a

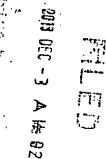
(Re	equestor's Name)			
(Ac	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		,		

Office Use Only



800337578268





050 0 1 1010

T. LEMIEUX

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: December 3, 2019 ORDER TIME : 1:26 PM ORDER NO. : 073164-025 CUSTOMER NO: 7833946 FOREIGN FILINGS NAME: 100 SP OWNER, 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: Amanda Robinson - EXT# 62968

EXAMINER:

## **COVER LETTER**

	on Section of Corporations			
100 5	SP OWNER, LLC			
SUBJECT:	(Name of Fe	oreign Limited Liabilit	y Company)	
Dear Sir or Madair	l:			
The enclosed without	frawal and fee(s) are submitt	ed for filing.		
Please return all co	rrespondence concerning thi	s matter to the following	ng:	
Camilo Miguel, Jr.				
	(Name of Person)		_	
	(Firm/Company)		-	
2601 S. Bayshore i	Orive, Ste. 850			
	(Address)		_	
Miami, FL 33133				
	(City/State and Zip Cod	de)	_	
For further informat	ion concerning this matter, p	olease call:		
Camito Miguet, Jr.		305	531-2426	
4)	lame of Person)	at (at Code &	& Daytime Telephone Number)	<del></del>
	COURIER ADDRESS:	MAI	LING ADDRESS:	
Registratio		Registration Section		
Clifton Bui	Corporations	Division of Corporations P.O. Box 6327		
	iting itive Center Circle		hassee, Florida 32314	
	e, Florida 32301	· ana		
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status &	Account the sections
	Commente of Status	ссиней сору	Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Florida Document Number)
er than the date of filing:  December 3, 2019  (optional)  s listed, the date must be specific and cannot be prior to date of filing or the filing.)  reted in this block does not meet the applicable statutory filing requirements, sisted as the document's effective date on the Department of State's records.  (Signature of authorized representative)
Miguel, Jr.  (Typed or printed name of signee)
3 · I

Filing Fee: \$25.00