

M13000006108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

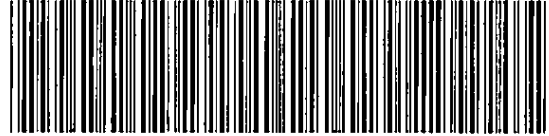
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800418860548

FILED

2023 DEC -6 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC -6 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/06/2023

Acc#I20160000072

en: c DW

| | |
|-------------|-----------------------|
| Name: | Altamonte Bandera LLC |
| Document #: | |
| Order #: | 15249368 - 4 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Altamonte Bandera 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:

Stephanie Briggs

(Name of Person)

c/o Aspen Square Management

(Firm/Company)

67 Hunt Street, Suite 206

(Address)

Agawam, MA 01001

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Briggs

(Name of Person)

at 413 439-6380

(Area Code & 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 check for the following amount:

- | | | | |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ALTAMONTE BANDERA LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/26/2013

(Date registered with Florida Department of State)

M13000006108

(Florida Document Number)

FILED
2023 DEC -6 PM 12:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: n/a (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.

ALTAMONTE BANDERA LLC

By Nepsa Manager LLC, its Manager

By Nepsa Property Investors, Inc., its Manager



(Signature of authorized representative)

Andrea McRitchie, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00