## M1300001315

(Requi	estor's Name)
elbbA)	ss)
(Addre	ss)
(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)	
(Dasii,	ess chit, name,
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
i	
	Office Use Only



600329165656

19 AN -1 PM 4: 30



T GLASS MAY 0 8 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 753822 7548781

AUTHORIZATION

COST LIMIT : (\$ 25.0.0

ORDER DATE: May 7, 2019

ORDER TIME : 12:47 PM

ORDER NO. : 753822-005

CUSTOMER NO: 7548781

## FOREIGN FILINGS

NAME: MFREVF-LOFTS AT SODO, 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: Lydia Cohen - EXT# 62974

EXAMINER:

2019 HAY - 7 AM 8: 55

FILED

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MFREVF-Lofts at SoDo, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
October 22, 2015	
(Date registered with Florida Department of State)	
M13000007315	
(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:  (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.	2
(Signature of authorized representative)	
(Typed or printed name of signee)	
t vi i promise neme a digital	

Filing Fee: \$25.00