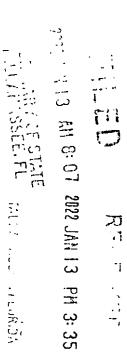
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Special Instructions to Filing Officer
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Office Use Only



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Y SULKER JAN 1 - 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 366948 7926233 AUTHORIZATION : COST LIMIT : ORDER DATE: January 7, 2022 ORDER TIME : 1:47 PM ORDER NO. : 366948-115 CUSTOMER NO: 7926233 FOREIGN FILINGS SAND PHARMACY ORMAND BEACH NAME: 03227 LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX ___ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

		n Section Corporations		
SUBJECT:	Sand	Pharmacy Ormond Beacl	n 03227 LLC	
SUBJECT.		(Name of For	reign Limited Liability	у Сотралу)
Dear Sir or !	Madam:			
The enclosed	d withdr	rawal and fee(s) are submitte	ed for filing.	
Please return	ı ali con	respondence concerning this	matter to the following	ng:
Brian Ziff				
		(Name of Person)	<u>-</u>	_
Sandor De	velopm	ent		
-		(Firm/Company)		_
5725 N. Sc	ottsdal	e Road, Suite C-195		
		(Address)	<u>.</u>	_
Scottsdale,	AZ 85	250		
		(City/State and Zip Cod	c)	_
For further in	nformati	on concerning this matter, p	lease call:	
Brian Ziff			480 at (949-9011
	(N	ame of Person)		& Daytime Telephone Number)
Reş Div P.C	vision of Box	on Section of Corporations		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:		
□\$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Conv.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	_
Delaware	
(Jurisdiction of its organization)	
December 11, 2013	
(Date registered with Florida Department of State)	_
M13000007860	
(Florida Document Number)	_
This limited liability company is withdrawing its certificate of authority in this state.	
Effective Date, it other than the date of filing:	s,
	113 A 8:07
Jay D. Stein	
(Typed or printed name of signee)	

Filing Fee: \$25.00