

MI 000000190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

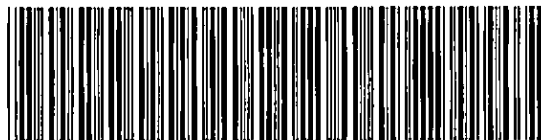
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
JAN 17 2025

Office Use Only



400442602364

FILED

2025 JAN 16 AM 10:51

RECEIVED

2025 JAN 16 AM 11:19



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 01/15/25
Order #: 1725948-4
Re: M-311 Meridian Associates, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over a horizontal line.

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FILED
2025 JAN 16 AM 10:52
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

M-311 MERIDIAN ASSOCIATES, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

January 10, 2014

(Date registered with Florida Department of State)

M14000000190


(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.

DocuSigned by:

009776 (Signature of authorized representative)

Camilo Miguel, Jr.

(Typed or printed name of signee)

Filing Fee: \$25.00