(Requestor's Name)				
(Add	ress)			
(Address)				
(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	Siling Officer			
Special instructions to r	iling Officer	,		
	<del></del> .			

Office Use Only



000375539550

RECEIVED

V SLILKER NOV 1 5 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 226862 7833946				
AUTHORIZATION Spelle Rena				
COST LIMIT : \$ 25.00				
ORDER DATE: November 12, 2021				
ORDER TIME : 3:06 PM				
ORDER NO. : 226862-020				
CUSTOMER NO: 7833946				
FOREIGN FILINGS				
NAME: M-2699 S BAYSHORE OWNER, LLC				
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF STATUS				

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
M-269 SUBJECT:	99 S Bayshore Owner, LLC		
30BJEC1.	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withda	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following	:
Camilo Miguel, Jr.			
	(Name of Person)		
M-2699 S Bayshore	e Owner, LLC		
	(Firm/Company)		•
2601 S Bayshore D	rive, Ste. 850		
	(Address)		•
Miami, FL 33133			
<u> </u>	(City/State and Zip Coc	ie)	
For further informat	ion concerning this matter, p	please call:	
Camilo Miguel, Jr.		305 at (	531-2426
(N	ame of Person)		Daytime Telephone Number)
Registratio Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
☐ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company  (Jurisdiction of its organization)	·)
Data revistored with Florida Danagara	
Data registered with Clarida Danielland	
Date registered with Florida Department of	of State)
(Florida Document Number)	
oany is withdrawing its certificate of au	uthority in this state.
in the date of filing:	(optional)
n this block does not meet the applicable as the document's effective date on the   — Docusigned by:  — Canif.	e Department of State's records.
(Signature of authorized representation	ative)
el, Jr., Authorized Officer  (Typed or printed name of sign	2021 KINY 12 AM 10: 40  1041 LAHASSEE, FL
ı -	iel, Jr., Authorized Officer

Filing Fee: \$25.00