## MHOOGOOBAI

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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TALLAHASSEE PATE

O SIMMONS JAN - 3 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

		ACCOUNT NO.	:	12000000	0195	
		REFERENCE	;	063381	8237458	
		AUTHORIZATION	:		_	
		COST LIMIT	: '	Angle &	enan	
ORDER	DATE :	November 26, 201	L9	0 0		
ORDER	TIME :	12:40 PM				
ORDER	NO. :	063381-010				
CUSTO	MER NO:	8237458				
			- <b></b> -			
		FOREIGN F	FILI	NGS		
	NAME:	EXETER FLORII	DA I	, LLC		
		TE PARTNERSHIP LIABILITY COMPAN	1Ă			
XXXX V	WITHDRAW	AL/CANCELLATION				
PLEASI	E RETURN	THE FOLLOWING AS	S PR	OOF OF FI	LING:	
XX	PLAIN	FIED COPY STAMPED COPY FICATE OF STATUS				

EXAMINER:

CONTACT PERSON: Kadesha Roberson - EXT#

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		ZECR SQ
Exeter Florida I	LLC	ETAR LAH
	(Name of limited liability company)	
Delaware		PH 2: 26 OF STA SSEE, FI
	(Jurisdiction of its organization)	7 <del>4</del> 8
2/25/2014		Lu .
	(Date registered with Florida Department of State)	
M14000001341		
	(Florida Document Number)	
If an effective nore than 90 Note: If the da	e, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to days after filing.)  ate inserted in this block does not meet the applicable statutory	filing requirements,
his date will i	not be listed as the document's effective date on the Departmen	nt of State's records.
	Thehm	
	(Signature of authorized representative)	
	Timothy J. Weber	
	(Typed or printed name of signes)	

Filing Fee: \$25.00