

(Requestor's Name)
(Address)
(Address)
(Nadic33)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Coning Contillector of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





2024 MAR 13 AM 10: 39



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	03/13/2024	
Name:	Patrice Rush	<u> </u>
Reference #	221755	<u> </u>
		52 COLLINS AVE, LLC
☐ Article	es of Incorporation/Au	horization to Transact Business
Amer Amer	ndment	
☐ Chan	ge of Agent	
☐ Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
⊘ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Other	r	
Authorized A	Amount: \$2	5.00
Signature: _	(TMO	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO:

TO:	_	ion Section of Corporations				
SUBJE	952 COLLINS AVE, LLC					
SC DG L		(Name of Fo	reign Limited Liability (Company)		
Dear Si	ir or Madar	n:				
The end	closed with	drawał and fee(s) are submitte	d for filing.			
Please	return all co	orrespondence concerning this	matter to the following	:		
		Kellie Mandel				
		(Name of Person)		•		
		Hawkins Way Capital	LLC			
		(Firm/Company)				
		301 N Canon Dr Ste	305	_		
		(Address)	-			
		Beverly Hills, CA 902	10			
		(City/State and Zip Coo	le)	-		
For fur	ther inform	ation concerning this matter, p	ilease call:			
			at (
		(Name of Person)	(Area Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclos	ed is a che	ck for the following amount:				
⊠ \$ 25	Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

952 COLLINS AVE, LLC			
(Name of limited liability company)			
Deleviere			
Delaware (Jurisdiction of its organization)			
(Jurisdiction of its organization)			
04/09/2014			
(Date registered with Florida Department of State)			
M14000002422			
(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:	(opti	ional)	
(If an effective date is listed, the date must be specific and cannot be prior to da			
more than 90 days after filing.)		Ü	
Note: If the date inserted in this block does not meet the applicable statutory fil	ing requ	iremer	nts.
this date will not be listed as the document's effective date on the Department of	of State's	recor	ds.
(Signature of authorized representative)			
	ĪĂĨ	202	
Nick Jagadish	.	2024 HAR	
		AR.	1 }
(Typed or printed name of signee)	HASSEE, FL	$\overline{\omega}$	
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Filing Fee: \$25.00