M14000002907

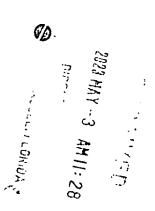
(Requestor's Name)	
(Ad c ress)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP	WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Copies	. Certificates o	if Status
a Instructions to F	iling Officer.	
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Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 717612 8073077

AUTHORIZATION : //

COST LIMIT : \$ 25.00

ORDER DATE : May 3, 2023

ORDER TIME : 10:56 AM

ORDER NO. : 717612-075

CUSTOMER NO: 8073077

FOREIGN FILINGS

NAME: ECLIPSE DECATHLON RE

COUNTRYSIDE, LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Eclipse Deca	thlon Re Countryside, LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
04/25/2014		
	(Date registered with Florida Department of State)	-
M140000029	07	
	(Florida Document Number)	
This limited	liability company is withdrawing its certificate of authority in this	state.
Effective Dat	(optional)	
more than 90 Note: If the o	we date is listed, the date must be specific and cannot be prior to do days after filing.) date inserted in this block does not meet the applicable statutory fill not be listed as the document's effective date on the Department	iling requirements,
	/s/Stephanie Hammer	
	(Signature of authorized representative)	
	Stephanie Hammer	2623 BAY -3 PM 1
	(Typed or printed name of signee)	
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Filing Fee: \$25.00