

M 14 00000 3093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

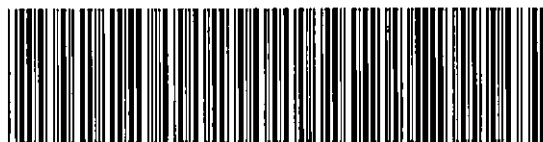
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 OCT 28 AM 10:16

FILED

A handwritten signature in black ink, appearing to be a stylized 'A' or similar character.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2022

CORPORATION SERVICE COMPANY
EYLIENA BAKER

SUBJECT: EEFC 2214 NMA OWNER, LLC
Ref. Number: M14000003093

RESUBMIT
Please give original
submission date as file date.

We have received your document for EEFC 2214 NMA OWNER, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name listed on our records for M14000003093 is EEFC 2214 NMA OWNER, LLC not EEABSGO 119 W 24 OWNER, LLC. Please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 222A00024223

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2022 OCT 28 PM 3:17

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

ACCOUNT NO. : I20000000195
REFERENCE : 081080 7837524
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25,000

ORDER DATE : October 26, 2022
ORDER TIME : 9:17 AM
ORDER NO. : 081080-025
CUSTOMER NO: 7837524

FOREIGN FILINGS

NAME: EEFC 2214 NMA OWNER, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EEFC 2214 NMA OWNER, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharene Lowe
(Name of Person)

East End Capital Partners, LLC
(Firm/Company)

34 E 51st Street - 2nd Floor
(Address)

New York, NY 10022
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharene Lowe at 484 619-0218
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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 TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EEFC 2214 NMA OWNER, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/06/2014

(Date registered with Florida Department of State)


M1400003093

(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.



(Signature of authorized representative)

Jonathon Yormak

(Typed or printed name of signee)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2024 BY 60322 UCBAW

Filing Fee: \$25.00