M14000003093

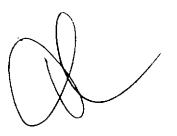
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Emily Hame)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2022

CORPORATION SERVICE COMPANY EYLIENA BAKER

Please give original submission date as file date.

SUBJECT: EEFC 2214 NMA OWNER, LLC

Ref. Number: M14000003093

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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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 081080 7837524 AUTHORIZATION COST LIMIT 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

CONTACT PERSON: Eyliena Baker - EXT#

_ CERTIFIED COPY
_ PLAIN STAMPED COPY
_ CERTIFICATE OF STATUS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

COVER LETTER

TO: Registration Division o	on Section of Corporations					
SUBJECT: EEF	C 2214 NMA OWNER,	LLC				
	(Name of Fo	reign Limited Liability	(Company)			
Dear Sir or Madam	<u>:</u>					
The enclosed withd	rawal and fee(s) are submitt	ed for filing.				
Please return all con	rrespondence concerning this	s matter to the following	ng:			
Sharene Lowe						
	(Name of Person)	· · · · ·	_			
East End Capital	Partners, LLC					
	(Firm/Company)		_			
34 E 51st Street -	2nd Floor				207	
	(Address)	 -		<u>.</u>	120	
New York, NY 10	022			MANSEL	2022 OCT 28 AM 10:	~
	(City/State and Zip Coo	ie)	_	مسد ران داره	сэ -	. 1
					<u></u>	;" 3 (=
For further informat	tion concerning this matter, p	olease call:			Ö	Ç
Sharene Lowe		484 at (619-0218	•	16	
(N	fame of Person)		& Daytime Telephone Number)			
Mailing Ac Registrati	<u>Idress:</u> ion Section		Street Address: Registration Section			
Division	of Corporations		Division of Corporations			
P.O. Box			The Centre of Tallahassee			
i ananass	ee, FL 32314		2415 N. Monroe Street, Su Tallahassee, FL 32303	nte 810		
Enclosed is a check	for the following amount:					
□\$25 Filing Fee	☐ \$30 Filing Fee &	□\$55 Filing Fee &	S60 Filing Fee,			
v	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
05/06/2014	
(Date registered with Florida Department of State)	 _
M1400003093	
(Florida Document Number)	<u> </u>
This limited liability company is withdrawing its certificate of authority in this s	state.
Effective Date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing his date will not be listed as the document's effective date on the Department of	ng requirements,
	2022
	[.
(Signature of authorized representative)	\sim
(Signature of authorized representative) Jonathon Yormak	2022 OCT 28 AM Learna sēre

Filing Fee: \$25.00