

MI4000004690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

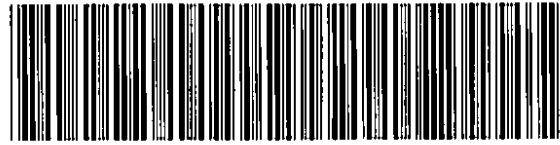
(Document Number)

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2021 NOV 12 AM 10:40  
CLERK OF STATE  
TALLAHASSEE, FL

V. SULKER

NOV 15 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 226862 7833946

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : November 12, 2021

ORDER TIME : 3:07 PM

ORDER NO. : 226862-025

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: M-2699 S BAYSHORE GUARANTOR,  
LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M-2699 S Bayshore Guarantor 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:

Camilo Miguel, Jr.

\_\_\_\_\_  
(Name of Person)

M-2699 S Bayshore Guarantor LLC

\_\_\_\_\_  
(Firm/Company)

2601 S Bayshore Drive, Ste. 850

\_\_\_\_\_  
(Address)

Miami, FL 33133

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Camilo Miguel, Jr.

305 531-2426  
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

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

M-2699 S Bayshore Guarantor LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

June 27, 2014

(Date registered with Florida Department of State)

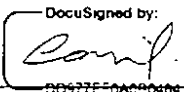
M14000004690

(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.

DocuSigned by:  


(Signature of authorized representative)

Camilo Miguel, Jr., Authorized Officer

(Typed or printed name of signee)

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CLERK OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00