

M14 00000 4700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

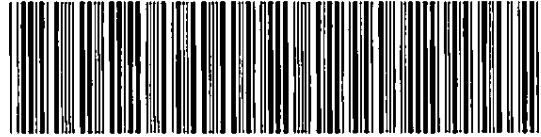
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 27 AM 9:33

2022 OCT 27 AM 11:21

[Handwritten signature]

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

ACCOUNT NO. : I20000000195

REFERENCE : 081080 7837524

AUTHORIZATION :

COST LIMIT : ~~78375.00~~

Eyliena Baker

ORDER DATE : October 26, 2022

ORDER TIME : 9:16 AM

ORDER NO. : 081080-020

CUSTOMER NO: 7837524

FILED
2022 OCT 27 AM 9:33
Tallahassee, FL

FOREIGN FILINGS

NAME: EEFC 2312 NMA OWNER, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX 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: Eyliena Baker - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EEFC 2312 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:

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

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TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EEFC 2312 NMA Owner, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/02/2014

(Date registered with Florida Department of State)


M1400004700

(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)

2022 OCT 27 AM 9:33

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hasSELL

Filing Fee: \$25.00