

MI40 0000 5261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

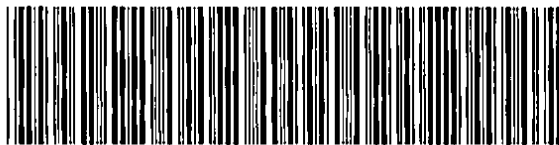
(Business Entity Name)

(Document Number)

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2018 DEC 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

18 DEC 27 PM 4:20

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

UCL
12-28-18

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

ACCOUNT NO. : I20000000195

REFERENCE : 560279 5175346

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : December 27, 2018

ORDER TIME : 1:59 PM

ORDER NO. : 560279-010

CUSTOMER NO: 5175346

FOREIGN FILINGS

NAME: AVENTURA RESIDENTIAL 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: Emily Croft - EXT# 62925

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Aventura Residential LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/24/2014

(Date registered with Florida Department of State)

M14000005261

(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: 12/27/2018 (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.

Gina R. Gasparini
(Signature of authorized representative)

Gina R. Gasparini

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA