

M140 0000 5696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300322332463

FILED

2018 DEC 26 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 DEC 26 AM 11:12

SECRETARY OF STATE

OKS
12-27-18

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

ACCOUNT NO. : I20000000195

REFERENCE : 557331 4348715

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 24, 2018

ORDER TIME : 10:22 AM

ORDER NO. : 557331-005

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME: RESIDENCES AT BROKEN SOUND
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: Roxanne Turner - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Residences at Broken Sound LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

August 8, 2014

(Date registered with Florida Department of State)

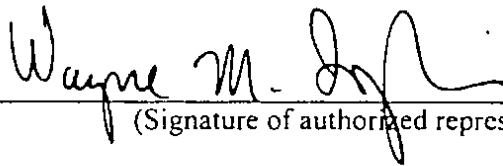
M14000005696

(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)

Wayne M. Lopkin

(Typed or printed name of signee)

2018 DEC 26 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00