## MI4000005802

	(Requestor's Name)
<del></del>	(Address)
(	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



500372747895

7021 ·· · - 6 AH 8: 29

2021 NOV -8 PH 1: 22

Michalanval

NOV 0 9 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 204111 7266554 AUTHORIZATION COST LIMIT ORDER DATE: November 5, 2021 ORDER TIME : 5:19 PM ORDER NO. : 204111-010 CUSTOMER NO: 7266554 FOREIGN FILINGS NAME: CPF MILLENIA OFFICE LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX\_\_\_\_\_ PLAIN STAMPED COPY

EXAMINER:

## **COVER LETTER**

TO: Registration Division o	on Section f Corporations		
CPF SUBJECT:	Millenia Office LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Kellie J. Hoyt, Par	ralegal		
	(Name of Person)		_
Barings LLC			
	(Firm/Company)	-	_
One Financial Pla	za, Suite 1700		
	(Address)		_
Hartford, CT 0610	03		
	(City/State and Zip Cod	le)	_
For further informat	tion concerning this matter, p	olease call:	
Kellie Hoyt		860 at (	509-2340
(4)	lame of Person)		& 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:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		021
CPF Millenia C	Office LLC	021 1.50.1
	(Name of limited liability company)	
Delaware		
<i>μ</i> -	(Jurisdiction of its organization)	
August 13, 20		Ç
	(Date registered with Florida Department of State)	<del></del>
M1400000580	2	
	(Florida Document Number)	
Effective Date (If an effectiv more than 90 Note: If the d	iability company is withdrawing its certificate of authority in te, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to days after filing.)  ate inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department.	(optional) o date of filing or y filing requirements,
	1 Hy hus	
	(Signature of authorized representative)	
	L. Geoff Smith, Assistant Vice President of Cornerstone Pat LLC, sole member and manager of CPF Millenia Office LLC	
	(Typed or printed name of signee)	<del></del>

Filing Fee: \$25.00