M14000006763

| (Requestor's Name) |
|------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Copies Certificates of Status |
| at Instructions to Filing Officer: |
| |
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| Office Use Only |



200398470232

CACLARY OF STATE

RECEIVED

2023 JAN 19 AN 10: 2 SEGNE AN SSEE PATE

1/20/2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. | : | I2000000195 | | | |
|-------------------------------|-------|----------------|--|--|--|
| REFERENCE | : | 385867 7833946 | | | |
| AUTHORIZATION | ī : | gyelle de man | | | |
| COST LIMIT | : | \$ 25.00 | | | |
| | | | | | |
| ORDER DATE : January 18, 202 | :3 | | | | |
| ORDER TIME : 8:41 AM | | | | | |
| ORDER NO. : 385867-025 | | | | | |
| CUSTOMER NO: 7833946 | | | | | |
| | | | | | |
| FOREIGN_FILINGS | | | | | |
| | | | | | |
| NAME: M-4000 ALTON | ASS | OCIATES, LLC | | | |
| | | | | | |
| CORPORATE | | | | | |
| LIMITED PARTNERSHIP | | | | | |
| XXX LIMITED LIABILITY COMPA | NY | | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | | | |
| PLEASE RETURN THE FOLLOWING A | S PRO | OOF OF FILING: | | | |
| CERTIFIED COPY | | | | | |
| XX PLAIN STAMPED COPY | | | | | |
| CERTIFICATE OF STATUS | | | | | |

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

| | | n Section f Corporations | | |
|-------------------|------------------|----------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: | M-406 | 00 Alton Associates, LLC | | |
| SUBJECT | | (Name of For | eign Limited Liability | / Company) |
| Dear Sir or 8 | Madam: | | | |
| The enclosed | d withd | rawal and fee(s) are submitte | d for filing. | |
| Please return | all cor | respondence concerning this | matter to the following | ng: |
| Camilo Mig | uel, Jr. | | | |
| | | (Name of Person) | | _ |
| M-4000 Alt | on MG | R, LLC | | |
| | | (Firm/Company) | | _ |
| 2601 S. Bay | shore [| Orive, Ste. 850 | | |
| | • | (Address) | | _ |
| Miami, FL 3 | 33133 | | | |
| | | (City/State and Zip Cod | e) | _ |
| For further in | nformat | ion concerning this matter, p | lease call: | |
| Carol Nazar | kewich | | 305 at (| 531-2426 |
| | () | lame of Person) | | & Daytime Telephone Number) |
| Rep Div P.C | vision). Box | ion Section of Corporations | | 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 | g Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |

FILED 2023 JAN 19 AM 10: 23

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORIO WIASSEE, FL

| M-4000 Alton Associates, LLC |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| September 17, 2014 |
| (Date registered with Florida Department of State) |
| 114000006763 |
| (Florida Document Number) |
| Effective Date, if other than the date of filing: |
| Comb. Co |
| Camilo Miguel, Jr. |
| (Typed or printed name of signee) |

Filing Fee: \$25.00