M1400008270

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
DIPICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
Q. SILA _{FRK X} EX	S 1 <u>J2?</u>
	Office Use Only

500385877835

RECEIVED 2022 APR 28 PH 3: 50 DIVISION OF CORFERENCE TALLAHASSEE, FLORIDA

> FILED 1027 APR 28 PM 7: 30 SECRETARY OF STATE TALLAHASSEE. FL

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

.

· · · · · ·

N

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	645067	5168766	
	AUTHORIZATION	Å	nelsele	Ban	
	COST LIMIT	2	\$_25.00		
ORDER DATE :	April 28, 2022				
ORDER TIME :	1:51 PM				
ORDER NO. :	645067-010				
CUSTOMER NO:	5168766				

FOREIGN_FILINGS

NAME: ST. LUCIE HARMONY HOUSING LLC

CORPORATE LIMITED PARTNERSHIP XX 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#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

St. Lucie Harmony Housing LLC

SUBJECT: _____

(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:

Robert Barolak

(Name of Person)

St. Lucie Harmony Housing LLC

(Firm/Company)

152 West 57th Street, 60th Floor

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Saullo 212 649-9700 _____ at (_____) ___ ___

(Name of Person)

(Area Code & Daytime Telephone Number)

<u>Mailing Address:</u> 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 &	□\$55 Filing Fee &	🗖 \$60 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

FIL.ED

2022 APR 28 PM 7: 30 SECRETARY OF STATE TALLAHASSEFT NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITYL

St. Lucie Harmony Housing LLC

٩

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/14/2014

(Date registered with Florida Department of State)

M1400008270

(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)

Robert Barolak

(Typed or printed name of signee)