M150000415

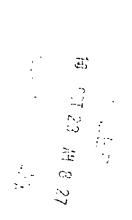
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800320103758

16 OCT 23 PH 4: 05



O SIMMAONS OCT > 1 7018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	. :	I2000	0000195
------------	-----	-------	---------

REFERENCE: 456296 4385116

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 23, 2018

ORDER TIME : 3:38 PM

ORDER NO. : 456296-025

CUSTOMER NO: 4385116

FOREIGN FILINGS

NAME: TREH 200 E. LAS OLAS VENTURE,

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: Roxanne Turner - EXT#

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TREH 200 E. LAS OLAS VENTURE, LLC	٠.	C.	,
(Name of limited liability company)		C	- , -, ,-1
DELAWARE	•		23
(Jurisdiction of its organization)			
January 16, 2015	•		至祭
(Date registered with Florida Department of State)			
M15000000475		,	
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this sta	.te.		
Effective Date, if other than the date of filing: N/A	_ (optic	nal)	
(If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)	of filin	g or	
Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S			
(Highature of authyrized representative)	-		
Murray McQueen, President			
(Typed or printed name of signee)	_		

Filing Fee: \$25.00