

M15000 000651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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with drawal

DECLINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeast Orlando Multifamily Partners, LLC

(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:

Angie Barnes

(Name of Person)

Covenant Capital Group

(Firm/Company)

4515 Harding Road, Suite 210

(Address)

Nashville, TN 37205

(City/State and Zip Code)

For further information concerning this matter, please call:

Angie Barnes

(Name of Person)

615

at (_____) _____

(Area Code & Daytime Telephone Number)

620-1682

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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Southeast Orlando Multifamily Partners, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

January 26, 2015

(Date registered with Florida Department of State)

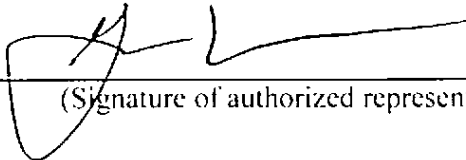
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(Florida Document Number)

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)

Govan D. White

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
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