

M15000000865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

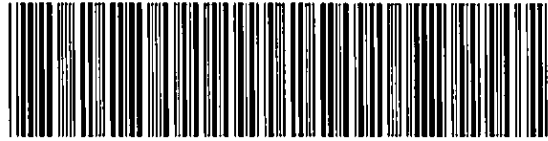
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300322980093

19 JAN 11 AM 7:54

RECEIVED

19 JAN 11 PM 3:23

2019
JAN 14
10:00 AM

COMMONS
JAN 14 2019

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 1/11/2019

Acc#I20160000072

en: c DW

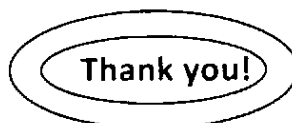
| | |
|-------------|-----------------------|
| Name: | PS VININGS OWNER, LLC |
| Document #: | |
| Order #: | 11372420 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> |
| | Plain: <input checked="" type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

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| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

| | |
|------------|-------|
| Amount: \$ | 25.00 |
|------------|-------|



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PS Vinings Owner, 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:

Nora Richards
(Name of Person)

Pollack Shores Real Estate Group, LLC
(Firm/Company)

5605 Glenridge Dr. NE, Suite 775
(Address)

Atlanta, GA 30342
(City/State and Zip Code)

For further information concerning this matter, please call:

Nora Richards at (470) 428-4020
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

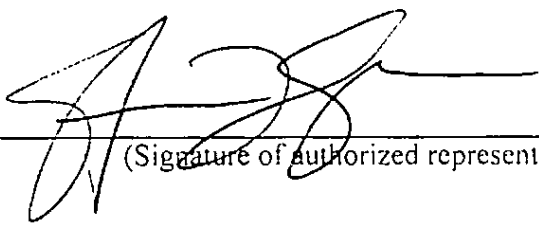
NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PS Vining's Owner, LLC 19
(Name of limited liability company)
Delaware 11/11/15
(Jurisdiction of its organization)
2/03/2015 11/11/15
(Date registered with Florida Department of State)
M15000000865 11/11/15
(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)
Steven Shores
(Typed or printed name of signee)

Filing Fee: \$25.00