M1500001392

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
·	,		
(Cit	y/State/Zip/Phone	<u></u>	
(Cit	y/State/Lip/r Hone	. n)	
PICK-UP	MAIT WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
,	-		
			
Special Instructions to	Filing Officer:		
10		_	
J. HORNE			
APR 1 3 2023			
			

Office Use Only



500406073975

2023 AFR 12 AH 8: 28
SECRETAL THE



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>4/12/23</u>		**WALK IN**
ENTITY NAME GF	REENFIELD CYPR	ESS LLC
DOCUMENT NUME	BER	
	PLEASE	FILE THE ATTACHED AND RETURN
<u> </u>	Plain Copy	
	Certified Copy	
	Certificate of S	Status
	Certified Copy Certified Copy Certificate of E	of Arts & Amendments of Arts & Amendments of Arts & Amendments Complete File (Inclading Annual Reports) Status Status Reflecting:
	AP0ST/L	LLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTI	NATION	
NUMBER OF CERTIF	FICATES REQUESTED)
TOTAL OWED \$	25. 00	ACCOUNT # 120140000108 United Corporate Services, Inc. Thank you so much!
Please call Ting a	at the above number	r for any issues or concerns. Thank you so much!

-

COVER LETTER

	istration ision of	Section Corporations		
CUD IFCT.	Greenf	ield Cypress LLC		
SUBJECT:		(Name of Fo	reign Limited Liability	Company)
Dear Sir or N	Madam:			
The enclosed	d withdra	wal and fee(s) are submitte	ed for filing.	
Please return	all corr	espondence concerning this	matter to the following	g:
Nicole Lam	oreaux			
		(Name of Person)		_
Grandview	Property	Partners, LLC		
	_	(Firm/Company)		_
1 E. Putnam	Ave., F	loor 3		
		(Address)		_
Greenwich,	CT 0683	30		
	•	(City/State and Zip Coo	le)	_
For further i	nformati	on concerning this matter,	please call:	
Nicole Lam	oreaux		203 at (354-5017
-	(Na	ame of Person)	(Area Code &	& Daytime Telephone Number)
Re Di P.(vision o D. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303
Enclosed is	a check	for the following amount:	:	
■\$25 Filin	g Fee	S30 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

Greenfield Cypro	ess LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
02/20/2015		
	(Date registered with Florida Department of State)	
M15000001392		
	(Florida Document Number)	
(If an effective more than 90 o Note: If the da	e, if other than the date of filing:e date is listed, the date must be specific and cannot be prior to date days after filing.) ate inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of S	g requirements,
·	5 m	
	(Signature of authorized representative)	-
	Barry P. Marcus	_
	(Typed or printed name of signee)	

Filing Fee: \$25.00