

# MIS000000 5088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

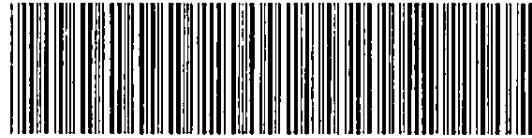
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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2023 APR 27 PM 2:51

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 APR 27 PM 3:34



CLERK OF STATE  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 707330 7833946

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : April 27, 2023

ORDER TIME : 1:58 PM

ORDER NO. : 707330-010

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: M-10505 DORAL HOTEL OWNER, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M-10505 Doral Hotel 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:

Jordan Kornberg

\_\_\_\_\_  
(Name of Person)

MC Manager, LLC

\_\_\_\_\_  
(Firm/Company)

2601 S. Bayshore Dr, Ste. 850

\_\_\_\_\_  
(Address)

Miami, FL 33133

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Nazarkewich

305

531-2426

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

M-10505 Doral Hotel Owner, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 7, 2015

(Date registered with Florida Department of State)

M15000005088

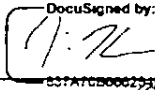
(Florida Document Number)

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.

DocuSigned by:



(Signature of authorized representative)

Jordan Kornberg

(Typed or printed name of signee)

FILED  
2023 APR 27 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00