

MI 5000009111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

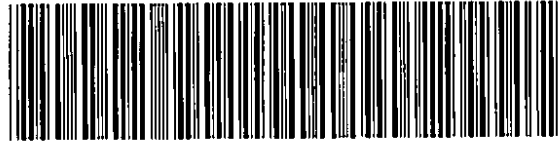
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500374986695

RECEIVED
2021 OCT 29 AM 8:17
TALLAHASSEE, FLORIDA

RECEIVED
2021 OCT 29 PM 4:12
TALLAHASSEE, FLORIDA



COGENCYGLOBAL[®]

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/29/2021

Name: Merritt Walker

Reference #: 1507171

Entity Name: CMIF PALM ISLANDS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: 



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 10/29/2021

Name: Merritt Walker

Reference #: 1507171

Entity Name: CMIF PALM ISLANDS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: *mw*

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CMIF PALM ISLANDS LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

November 12, 2015

(Date registered with Florida Department of State)

M15000009111

(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)

Edward D. Schmitt

(Typed or printed name of signee)

Filing Fee: \$25.00