

M15000009487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

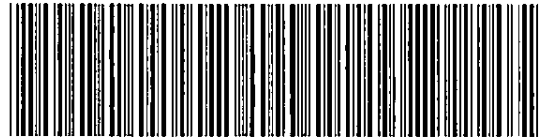
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900424365449

2024 MAR 19 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2024 MAR 18 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. HUNT

03/18/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 03/18/24  
Order #: 1451398-2  
Re: Exeter West Palm Land, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

1200000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

RECEIVED  
DIVISION OF STATE  
CORPORATIONS, FL  
MAR 19 2024  
AM 8:30

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Exeter Sawgrass Land, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/24/2015

(Date registered with Florida Department of State)

M15000009487

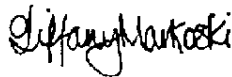
(Florida Document Number)

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
NOV 24 10 AM 8:30  
TALLAHASSEE, FL

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)

Tiffany Markoski

(Typed or printed name of signee)

CSC WD-4624

**Filing Fee: \$25.00**