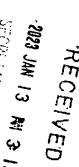
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(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 352060 7833946 AUTHORIZATION : COST LIMIT : ORDER DATE : January 13, 2023 ORDER TIME : 1:41 PM ORDER NO. : 352060-010 CUSTOMER NO: 7833946 FOREIGN FILINGS NAME: M-524 JEFFERSON ASSOCIATES, LLC___ CORPORATE ____ LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY __ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

	ion Section of Corporations		
M-5 SUBJECT:	24 Jefferson Associates, LLC		
3000ECT	(Name of Fo.	reign Limited Liability	Company)
Dear Sir or Madar	n:		
The enclosed with	drawal and fee(s) are submitte	ed for filing.	
Please return all c	orrespondence concerning this	matter to the followin	g:
Camilo Miguel, J	г.		
	(Name of Person)		_
MC Manager, LL	С		
-	(Firm/Company)		_
2601 S. Bayshore	Drive, Ste. 850		
==	(Address)		_
Miami, FL 33133			
	(City/State and Zip Coc	le)	_
For further inform	ation concerning this matter, p	olease call:	
Carol Nazarkewic	ch	305 at (531-2426
	(Name of Person)	(Area Code &	& Daytime Telephone Number)
Division P.O. Bo	ation Section n of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a che	ck 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-524 Jefferson	Associates, LLC		
	(Name of limited liability company)	- (T	10 23
Delaware		•	2023 JAN
	(Jurisdiction of its organization)		$\overline{\omega}$
December 15, 20	015	اري ان آن	AH 9
	(Date registered with Florida Department of State)		نه به ا
M15000010037		,	$\frac{\omega}{t}$
	(Florida Document Number)		
(If an effective more than 90 c 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 d days after filing.) ate inserted in this block does not meet the applicable statutory f not be listed as the document's effective date on the Department	iling requi	ig or rements.
	Dog77EF6A0B0484. (Signature of authorized representative)		
	Camilo Miguel, Jr.		
	(Typed or printed name of signee)		

Filing Fee: \$25.00