

M16000000425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

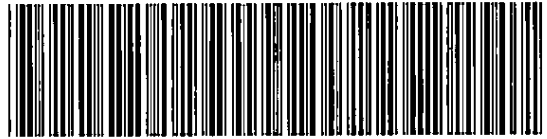
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC 11 AM 2:26

2018 DEC 10 AM 1:51
TALLAHASSEE, FLORIDA

O SIMMONS
DEC 11 2018



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

Account#: 1200000000088

Date: 12/10/2018

Name: Marisa Kugelmann

Reference #: 1021735

Entity Name: GWR ORLANDO PROPERTY OWNER LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Marisa Kugelmann

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GWR Orlando Property 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:

(Name of Person)

COGENCY GLOBAL INC

(Firm/Company)

600 S 2ND, Ste 103

(Address)

Springfield, IL 62704

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathie Fleck
(Name of Person)

at (888) 863-6300
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

GWR Orlando Property Owner LLC	18
(Name of limited liability company)	
DE	0010
(Jurisdiction of its organization)	
01/14/2016	14
(Date registered with Florida Department of State)	
M16000000425	26
(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)

Craig Johnson, Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00