M16000000750

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	#)
PICK-UP	☐ WAIT	MAIL MAIL
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ua)	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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RECEIVED

CORPORATION SERVI 1201 Hays Street Tallahassee, FL Phone: 850-558-15	32301	
	ACCOUNT NO. : 120000000195 REFERENCE : 13097051 3246634	
Ą	UTHORIZATION :	
	COST LIMIT : \$ 25.00	
ORDER DATE : Jan	uary 5, 2023	
ORDER TIME : 1:	47 PM	
ORDER NO. : 309	205-100	
CUSTOMER NO:	8246634	
NAME :	FOREIGN FILINGS BPP SOUTHERN PALM LLC	
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY		
XXXX WITHDRAWAL/C	ANCELLATION	
PLEASE RETURN THE	FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED CERTIFICA		
CONTACT PERSON:	Eyliena Baker - EXT#	
	EXAMINER:	

COVER LETTER

TO:

Registration Section
Division of Corporations

BPP Southern Palm LLC SUBJECT: (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) (Firm/Company) (Address) (City State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$25 Filing Fee ☐ \$30 Filing Fee & □\$55 Filing Fee & □ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BPP Southern Palm LLC	
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
01/28/2016	
1)	Date registered with Florida Department of State)
M16000000750	
	(Florida Document Number)
This limited liability compa	any 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 fili Note: If the date inserted in	ng.) this block does not meet the applicable statutory filing requirements.
	s the document's effective date on the Department of State's records.
	. 20
Dans	2 1/08000
	(Signature of authorized representative)
	T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Joseph Vala	(Signature of authorized representative) (Typed or printed name of signee)
	(Typed or printed name of signee)
	16

Filing Fee: \$25.00