

M16000000797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

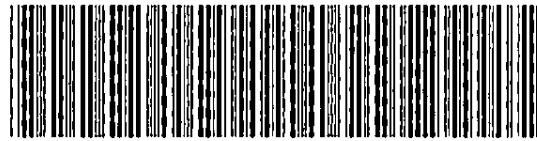
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN 29 2022

A. LUNT

Office Use Only



000390195670

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
2022 JUN 28 AM 10:17

RECEIVED
2022 JUN 28 PM 3:40
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

2022 JUN 28 AM 10:17
SECTION OF CIVIL
CLERK OF COURT
JAMES L. WILSON

ACCOUNT NO. : I20000000195
REFERENCE : 775134 7837524
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : June 28, 2022

ORDER TIME : 1:49 PM

ORDER NO. : 775134-025

CUSTOMER NO: 7837524

FOREIGN FILINGS

NAME: EEFC 2400 NMA OWNER, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EEFC 2400 NMA 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:

Jonathon Yormak

(Name of Person)

East End Capital Partners, LLC

(Firm/Company)

34 E 51st Street - 2nd Floor

(Address)

New York, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharene Lowe

(Name of Person)

at (484) 619-0218

(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 JUN 28 AM 10:17

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EEFC 2400 NMA OWNER, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/29/2016

(Date registered with Florida Department of State)

M16000000797


(Florida Document Number)

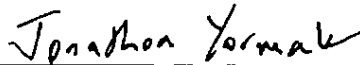
This limited liability company is withdrawing its certificate of authority in this state.

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)



(Typed or printed name of signee)

Filing Fee: \$25.00