## 416000000814

	(Requestor's Name)
<del></del>	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
ppies	Certificates of Status
estructions to	Filing Officer:
	M. I M. I M.
	唐

Office Use Only



500407519635

SECRETARY :

2023 APR 28 AH II : 50

2023 APR 28 AMILION

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 707887 7833946

AUTHORIZATION :

COST LIMIT : (\$\frac{1}{2}5.00

ORDER DATE: April 27, 2023

ORDER TIME : 8:36 AM

ORDER NO. : 707887-005

CUSTOMER NO: 7833946

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## FOREIGN FILINGS

NAME: 5333 COLLINS UNIT OWNER, LLC

CORPORATE
LIMITED PARTNERSHIP
XX 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-sorenson - EXT#

## **COVER LETTER**

		Section Corporations		
	5333 C	ollins Unit Owner, LLC		
SUBJECT:		(Name of Fo	eign Limited Liability	Company)
Dear Sir or M	ladam:			
The enclosed	withdra	wal and fee(s) are submitte	ed for filing.	
Please return	all corre	espondence concerning this	matter to the following	g:
Christina Cue	ervo			
		(Name of Person)		_
5333 Collins	Unit O	wner, LLC		
(Firm/Company)			_	
444 Brickell	Avenue	, Ste. 224		
		(Address)		_
Miami, Fl. 33	3131			
		(City/State and Zip Cod	le)	_
For further in	formatic	on concerning this matter. p	olease call:	
Carol Nazark	Carol Nazarkewich 305		531-2426	
	(Na	me of Person)	(Area Code c	& 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 t	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 AUTHORS

5333 Collins Unit Owner, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
June 16, 2017
(Date registered with Florida Department of State)
M16000000874
(Florida Document Number)
Effective Date, if other than the date of filing:
Curles  FAME 527 D606 1474  (Signature of authorized representative)
Christina Cuervo
(Typed or printed name of signee)

Filing Fee: \$25.00