

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700388531007

05/26/22--01003--020 **25.00



CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK	CUP: 5/26 DANNY
XX	CERTIFIED COPY PHOTOCOPY CUS	
XX	FILING	WITHDRAWAL
1.	SUNSETPALM I, LLC (CORPORATE NAME AND DOCUME	1ENT #)
2.	(CORPORATE NAME AND DOCUME	1ENT #)
3.	(CORPORATE NAME AND DOCUME	MENT #)
4.	(CORPORATE NAME AND DOCUME	MENT #)
5 .	(CORPORATE NAME AND DOCUME	AENIT #)
6.	TEORPORATE NAME AND DOCUM	IENT#)
-	(CORPORATE NAME AND DOCUME	1ENT #)
SPECIAI INSTRU	CTIONS:	

FILED WIGHAY 26 PM 5: 16 SECRETARY OF STATE TALLAHASSEE. FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JNSETPALM I, LLC.
(Name of limited liability company)
E
(Jurisdiction of its organization)
/04/2016
(Date registered with Florida Department of State)
116000000964
(Florida Document Number)
fective Date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or one than 90 days after filing.) [ate: If the date inserted in this block does not meet the applicable statutory filing requirements, is date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
STEVEN AYALA
(Typed or printed name of signee)

Filing Fee: \$25.00