

M16 00000 1214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

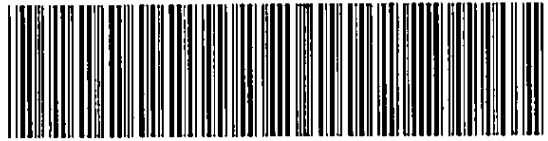
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700408113447

05/04/2023 10:00:00 AM \*\*25.00

FILED

2023 JUL 31 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FL

*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONE AVENTURA HOLDINGS 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:

JUAN SOTILLO

(Name of Person)

(Firm/Company)

1110 BUCKELL AVE STE. 430N

(Address)

MIA, FL, 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN SOTILLO

(Name of Person)

at ( 305 ) 3291462

(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:

☐ \$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

One Aventura Holdings LLC

(Name of limited liability company)

State of Delaware

(Jurisdiction of its organization)

2/12/2016

(Date registered with Florida Department of State)

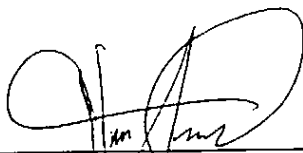
M16000001244

(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)

JUAN PABLO SOTILLO

(Typed or printed name of signee)

2023 JUL-31 PM 5:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Filing Fee: \$25.00