MIGUDUON

(F	Requestor's Name)	
(<i>F</i>	Address)	
(F	Address)	
	City/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
(C	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:
		:





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S. WARREN JAN 03 2018

COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	CW - Summergrove,	LLC		
SOBJECT.	(Name	of Foreign Limited	Liability (Company)
Dear Sir or N	Aadam:			
The enclosed	withdrawal and fee(s) are su	bmitted for filing.		
Please return	all correspondence concerning	ng this matter to the	following	:
John Cor	k			
	(Name of Person)		-
Coronado) West			
	(Firm/Company)			-
8655 S. F	Priest Drive			
	(Address)			•
Tempe, A	Z 85284			
	(City/State and Z	ip Code)		•
For further in	formation concerning this ma	itter, please call:		
Alisa Rot	undo	48 at (30	820-0977
	(Name of Person)		rea Code &	Daytime Telephone Number)
STI	REET/COURIER ADDRES	S:	MAIL	ING ADDRESS:
	istration Section		Registration Section	
	ision of Corporations		Division of Corporations	
266	ton Building 1 Executive Center Circle ahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	check for the following am	ount:		
2 \$25 Filing	Fee \$30 Filing Fee & Certificate of St			□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CW - Summergrove, LLC
(Name of limited liability company)
State of Delaware
(Jurisdiction of its organization)
3/1/2016
(Date registered with Florida Department of State)
M16000001771
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Just
(Signature of authorized representative)
(Typed or printed name of signee)

Filing Fee: \$25.00

18 JAN -2 AMII: 33