(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
ied Copies	_ Certificates	of Status		
cial Instructions to Filing Officer:				
	Office Use Only	v		



900385792999

Withdrawal

2022 MAY 24 AM 11: 28

2022 HAY 24 AM 10: 42

A RAMSEY MAY 2 5 2022

RECEIVED

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 702633 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: May 23, 2022 ORDER TIME : 5:38 PM ORDER NO. : 702633-020 CUSTOMER NO: 7671968 FOREIGN FILINGS NAME: HARRIS REALTY 509, LLC CORPORATE ___ LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

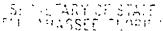
EXAMINER:

COVER LETTER

то:		istration Section ision of Corporations		
SUBJE	ст.	HARRIS REALTY 509, LLC		
SUBJE	C 1 .	Company)		
Dear Sir	or N	fadam:		
The enc	losed	withdrawal and fee(s) are submitted	for filing.	
Please re	eturn	all correspondence concerning this r	natter to the followin	ığ:
		(Name of Person)		_
		(
Corpor	ation	Service Company		
		(Firm/Company)		-
	-	(Address)		_
	-	(City/State and Zip Code)	_
For furth	ıer in	formation concerning this matter, pl	ease call:	
		(Name of Person)	at (at ()
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	d is a	check for the following amount:		
□\$25 F	iling	Fee	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED

2022 HAY 24 AM 10: 42



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HARRIS REALTY 509, LLC	
(Name of lir	nited liability company)
Delaware	
(Jurisdicti	on of its organization)
03/10/2016	
(Date registered wi	th Florida Department of State)
M16000002041	
(Florida	Document Number)
nore than 90 days after filing.) Note: If the date inserted in this block does	ng:
/s/Evan Harris	
(Signature of	authorized representative)
Evan Harris	
(Typed or	printed name of signee)

Filing Fee: \$25.00