

M16000003553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

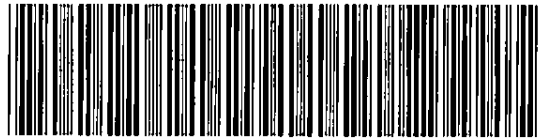
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500306086605

FILED

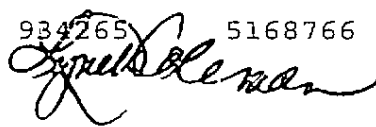
17 NOV 30 PM 8:44

2017 11 30 10:06:57

O. SIMMONS

2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 934265 5168766
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : November 29, 2017
ORDER TIME : 9:44 AM
ORDER NO. : 934265-020
CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: PASCO WOODS HARMONY HOUSING MM
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

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Pasco Woods Harmony Housing MM LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

5/03/2016

(Date registered with Florida Department of State)

M116000003553

(Florida Document Number)

FILED
17 NOV 30 PM 8:44

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.

J Bruce Bolick

(Signature of authorized representative)

Bruce Bolick

(Typed or printed name of signee)

Filing Fee: \$25.00