

M16000004597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

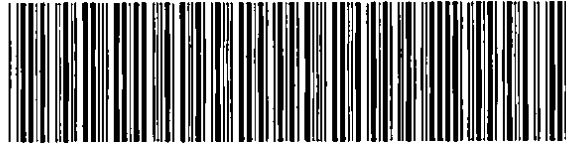
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TALLAHASSEE, FL



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **January 13, 2021**

Account#: I20000000088

Name: **KEN HOWELL**

Reference #: **1306787**

Entity Name: **STEELBRIDGE LAS OLAS EAST, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$25.00**

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steelbridge Las Olas East, 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:

Daphanie Mulet
(Name of Person)

Square 2 Real Estate.
(Firm/Company)

3250 Manly Street, Suite 207
(Address)

Coconut Grove, FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Daphanie Mulet at (305) 372-8828
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

Steelbridge Las Olas East, LLC.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

06/07/2016

(Date registered with Florida Department of State)

M16000004597

(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)

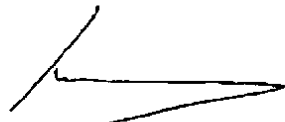
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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.

2021 JAN 13 AM 8:32

FILED

STATE
FILE



(Signature of authorized representative)

G. Campbell

(Typed or printed name of signee)

Filing Fee: \$25.00