## 116000005539

(Req	uestor's Name)	
(Addı	ess)	•
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,	,	
(City)	State/Zip/Phone	<u>#)</u>
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PICK-UP	MAIT	MAIL
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(Busi	ness Entity Nam	e)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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TALLAHASSEE, FL

O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

CUSTOMER NO: 8237458

			ACCOUNT NO.	:	I200000001	95	
			REFERENCE	: t	9609377	8237458	
			AUTHORIZATION	0	greek de	ala	
			COST LIMIT	: 	\$ 25.00		 - <b>-</b>
ORDER	DATE	:	November 22, 2019	)			
ORDER	TIME	:	12:37 PM				
ORDER	NO.	:	060937-160				

EXAMINER: \_\_\_\_

## FOREIGN FILINGS

I		PART	TNERSHIP BILITY COM	IPAN)	ď		
XXXX WI	THDRAWA	L/CA	NCELLATIC	N			
PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
xx		STAM	COPY IPED COPY 'E OF STAT	US			

CONTACT PERSON: Kadesha Roberson - EXT#

NAME: EXETER 4531 OAK FAIR, LLC

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Excter 4351 Oak Fair, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
7/11/2016
(Date registered with Florida Department of State)
M16000005539
(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:
(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.)
Near- 16 to date ingested in this block does not meet the applicable statutory filing ridgiren its.
this date will not be listed as the document's effective date on the Department of Sales records.
SSE I
(Signature of authorized representative)
(Signature of authorized representative)
Timothy J. Weber
(Typed or printed name of signee)

Filing Fee: \$25.00