

1160000006814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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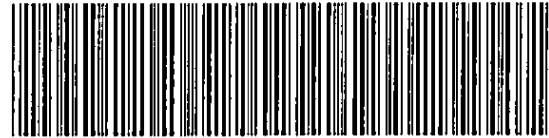
(Business Entity Name)

(Document Number)

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2019 DEC 10 PM 12:02
TALLAHASSEE, FLORIDA 32301-15


K. SALY

DEC 11 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 076489 7972777

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 5, 2019

ORDER TIME : 2:25 PM

ORDER NO. : 076489-015

CUSTOMER NO: 7972777

FOREIGN FILINGS

NAME: DD GRAN BAY, 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: Amanda Robinson - EXT# 62968

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DD Gran Bay, LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

08/24/2016

(Date registered with Florida Department of State)

M16000006814

(Florida Document Number)

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2019 DEC 10 PM 12:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

DocuSigned by:

Joseph Valane

A20D7CE2A3204B...

(Signature of authorized representative)

Joseph Valane

(Typed or printed name of signee)

Filing Fee: \$25.00