M16 0000072711

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
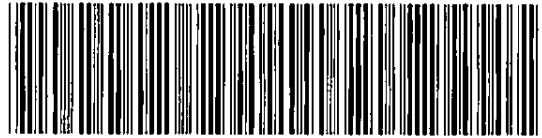(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 11 2024

Office Use Only

500437126575

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

ORDER FORM

TO   Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM   Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE   10/10/2024   **PRIORITY**   Routine   **OUR REF # (Order ID#)**   Devon

ORDER ENTITY

Spacebox MSSP Lake Park, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

Spacebox MSSP Lake Park, LLC

Please file the attached withdrawal filing.

NOTES:

$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and
courier package if applicable. For UCC orders, please include the thru date on the results.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Spacebox MSSP Lake Park, LLC
_____
(Name of limited liability company)

Alabama
_____
(Jurisdiction of its organization)

09.13.2016
_____
(Date registered with Florida Department of State)

M16000007271
_____
(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.

/s/ William Leitner
_____
(Signature of authorized representative)

William Leitner
_____
(Typed or printed name of signee)

Filing Fee: $25.00