M1600000 9223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)
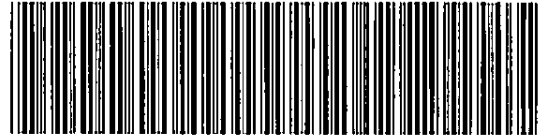
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 22 2024

Office Use Only

FILED
2024 MAY 21 PH 12: 09

RECEIVED
2024 MAY 21 AH 11: 19
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : WD-6356

AUTHORIZATION :

COST LIMIT : $ 25.00

- -

ORDER DATE : 05/21/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

- -

FOREIGN FILINGS

NAME : Elm Lake Harmony Housing LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
__✓__ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
__✓__ PLAIN STAMPED COPY
_____ CERTIFICATE OF STATUS

CONTACT PERSON: AMANDA MILLER

EXAMINER: _____

COVER LETTER

TO: Registration Section
        Division of Corporations

            Elm Lake Harmony Housing LLC
SUBJECT: _____
            (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:

Gabriella Camilleri
_____
                (Name of Person)

_____
                (Firm/Company)

152 West 57th St., 60th floor
_____
                (Address)

New York, NY 10019
_____
            (City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
        (Name of Person)   (Area Code & Daytime Telephone Number)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee   □ $30 Filing Fee &   □ $55 Filing Fee &   □ $60 Filing Fee,
                      Certificate of Status   Certified Copy   Certificate of Status &
                                                                    Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Elm Lake Harmony Housing LLC
_____
(Name of limited liability company)

DE
_____
(Jurisdiction of its organization)

11/16/16
_____
(Date registered with Florida Department of State)
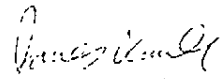
M16000009223
_____
(Florida Document Number)

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.

_____
(Signature of authorized representative)

James O'Connell
_____
(Typed or printed name of signee)

Filing Fee: $25.00

COVER LETTER

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       Division of Corporations

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                                                                     Certified Copy