

416000010361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

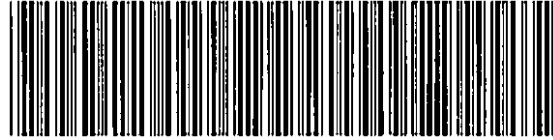
(Document Number)

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DEC 29 2022

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TALLAHASSEE, FLOR.

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 12/28/22**

**NAME: 11000 CAMERON (DAVIE), LLC**

**TYPE OF FILING: WITHDRAWAL**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 11000 Cameron (Davie), 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:

Jessica Stokx  
(Name of Person)

CIM Group  
(Firm/Company)

4700 Wilshire Blvd.  
(Address)

Los Angeles, CA 90010  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Stokx at ( 323 ) 860-4900  
(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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2022 DEC 28 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

11000 Cameron (Davie), LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 27, 2016

(Date registered with Florida Department of State)

M16000010361

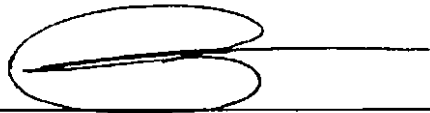
(Florida Document Number)

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)

David Thompson

(Typed or printed name of signee)

**Filing Fee: \$25.00**