## M17000002543

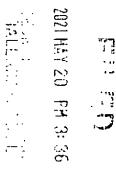
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)		
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(riddiess)		
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL		
(Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)		
Certified Copies Certificates of Status	(2200000 2000)		
Certified Copies Certificates of Status			
	(Document Number)		
Special Instructions to Filing Officer:	Certified Copies Certificates of Status		
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			
	Special Instructions to Filing Officer:		
,			

Office Use Only



500365899635

05/20/21--01013--013 \*\*25.00



D. BRUCE JUN 30 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations AMERITEL OF COCOA BEACH 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: Michael Ziegler (Name of Person) Ameritel (Firm/Company) 254 47th St (Address) Brooklyn, NY 11220 (City/State and Zip Code) For further information concerning this matter, please call: Michael Ziegler 718 1111 (Name of Person) (Area Code & Daytime Telephone Number) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations 16 The Centre of Tallahassee ... P.O. Box 6327 2415 N. Monroe Street. Suite 8165 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount:

□\$55 Filing Fee &

Certified Copy

☐ \$60 Filing Fee.

Certificate of Status & Certified Copy

■\$25 Filing Fee

☐ \$30 Filing Fee &

Certificate of Status

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AMERITEL OF COCOA BEACH LLC	
(Name of limited liability company)	
DE	
(Jurisdiction of its organization)	·
03/24/2017	
(Date registered with Florida Department of State)	<del></del>
M17000002543	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this Effective Date, if other than the date of filing:   N/A  (If an effective date is listed, the date must be specific and cannot be prior to damore than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filthis date will not be listed as the document's effective date on the Department of the date of the date of the date of the document of the date o	(optional)  Inte of filing or  ling requirements.
(Signature of authorized representative)  Michael Ziegler	2021 HAY 20 PH 3:
(Typed or printed name of signce)	

Filing Fee: \$25.00