

M17 000000 2575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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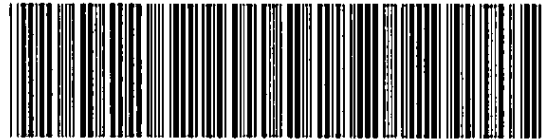
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Voyager Properties, 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:

Richard S. Webb, IV, Esq.  
(Name of Person)

ICARD MERRILL CULLIS ETAL  
(Firm/Company)

2033 MAIN ST STE 600  
(Address)

SARASOTA FL 34237  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard S. Webb, IV, Esq. at ( 9413668100 )  
(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 &    ☐ \$55 Filing Fee &    ☐ \$60 Filing Fee.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Voyager Properties, LLC

(Name of limited liability company)

Minnesota

(Jurisdiction of its organization)

3/23/17

(Date registered with Florida Department of State)

M17000002575

(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.

*Kerri Ball*

(Signature of authorized representative)

Kerri Ball

(Typed or printed name of signer)

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**Filing Fee: \$25.00**