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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

2020 MAY 18 AM 11:06

10

**LLC DISSOLUTION OR WITHDRAWAL
WINTER GARDEN COLONIAL, LLC**

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May 18, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WINTER GARDEN COLONIAL, LLC
1401 BROAD ST.
CLIPTON, NJ 07013US

SUBJECT: WINTER GARDEN COLONIAL, LLC
REF: M17000005431

We have received your document for WINTER GARDEN COLONIAL, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons

Regulatory Specialist II Supervisor

FAX Aud. #: H20000144575

Letter Number: 420A00009960

2020 MAY 18 AM 11:06

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WINTER GARDEN COLONIAL, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

06-27-2017

(Date registered with Florida Department of State)

M17000005431

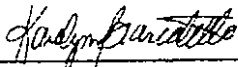
(Florida Document Number)

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.

DocuSigned by:



(Signature of authorized representative)

KARALYNN BRANCATELLA

(Typed or printed name of signee)

Filing Fee: \$25.00