M17000005475

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARISE OF STATE
AND ST

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 034027 8006967

AUTHORIZATION :

COST LIMIT : \$, 25.00

ORDER DATE: October 3, 2023

ORDER TIME : 10:07 AM

ORDER NO. : 034027-005

CUSTOMER NO: 8006967

FOREIGN FILINGS

NAME: SIENNA VISTA FEE OWNER LLC

___ CORPORATE

___ LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

то:		tration S on of Co	ection orporations		
SUBJE		Sienna \	/ista Fee Owner LLC		
	_		(Name of Fo	reign Limited Liabil	ity Company)
Dear Sir	or Ma	dam:			
The encl	osed w	vithdraw	al and fee(s) are submitte	ed for filing.	
Please re	turn al	l corres	oondence concerning this	matter to the follow	ring:
Mark E	nfield				
	_		(Name of Person)		_
Sienna	Vista	Fee Ov	vner LLC c/o TruAmeri	ca Multifamily	
			(Firm/Company)		_
10100 \$	Santa	Monica	Blvd., Suite 400		
			(Address)		
Los Ang	geles,	CA 900	067		
	-		(City/State and Zip Coo	le)	_
For furth	er info	rmation	concerning this matter, p	olease call:	
Mark E	nfield			424 at (325-2750
		(Name	e of Person)		e & 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	l is a c	heck fo	r the following amount:		
□\$25 F	iling F	ee [☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sienna Vista Fee Owner LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
6/28/2017
(Date registered with Florida Department of State)
M17000005475
(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:
Mark Enfield O22244F906 Stigmature of authorized representative) The state of the
(Typed or printed name of signee)

Filing Fee: \$25.00