

M17000006297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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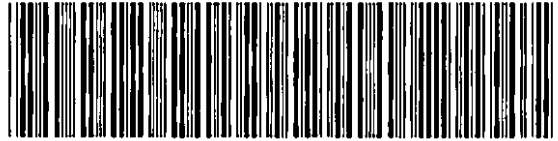
(Business Entity Name)

(Document Number)

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J. LEGGETT
DEC 28 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 982098 4320503

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : December 27, 2017

ORDER TIME : 9:28 AM

ORDER NO. : 982098-010

CUSTOMER NO: 4320503

FOREIGN FILINGS

NAME: GOLDEN STRAND OCEAN VILLA
RESORT, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GOLDEN STRAND OCEAN VILLA RESORT, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

JULY 25, 2017

(Date registered with Florida Department of State)

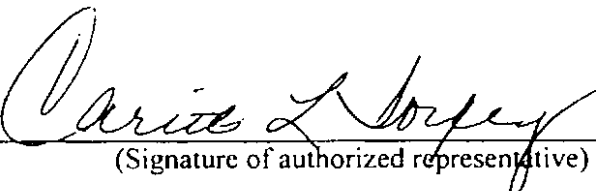
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(Florida Document Number)

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)

CARITE L. TORPEY

(Typed or printed name of signee)

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