## M17000006306

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Endy Harrey
(Document Number)
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## **COVER LETTER**

TO: Registration Division of (	Section Corporations		
	ITEL OF DESOTO SQUA	RE MALL LLC	
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following	g:
Michael Ziegle C			
	(Name of Person)		
Ameritel			
	(Firm/Company)		~
254 47th St			
	(Address)		_
Brooklyn, NY . 1220	I		
	(City/State and Zip Cod	c)	-
For further informatio	on concerning this matter, p	lease call;	
Michael Ziegler		718 at (	1111
(Na	me of Person)	(Area Code 8	Daytime Telephone Number)
P.O. Box 6	on Section T Corporations		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 & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AMERITEL OF	F DESOTO SQ										
		(N	ame of lin	nited liab	ility com	ipany)					
DE											
	<del>_</del>		(Jurisdietic	on of its o	<del>organizat</del>	ion)					
07/25/2017											
<del></del> .		(Date regi	istered wit	th Florida	1 Departr	nent of S	State)				<del></del>
M17000006306	, 1										
			(Florida	Documei	nt Numbe	er)		-			
This limited I	iability com	pany is w	vithdrawii	ng its ce	rtificate	of auth	ority in t	this s	tate.		
Effective Dat	e if other th	an the da	ite of lilin	10: N/A					(opti	ional)	
<b>Note:</b> If the d this date will											
		Suñ Na	nature of	authori	zed repr	<u>esentati</u>	ve)	_		20 <u>2</u>	
	Michael Zie	gler								?I SEP	7
		(	Typed or	printed	name of	`signee	)		ASSEC, FI	2021 SEP 13 AM 8: 48	FILED

Filing Fee: \$25.00