

M1700000 7333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

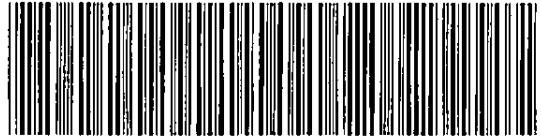
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300424652673

FILED

2024 APR 11 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 APR 11 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 04/11/24
Order #: 1474677-3
Re: Exeter 4250 Coral Ridge, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

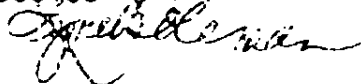
Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

1200000000195

AUTH 

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Exeter 4250 Coral Ridge, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/25/2017

(Date registered with Florida Department of State)

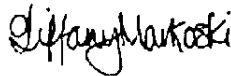
M17000007333

(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)

Tiffany Markoski

(Typed or printed name of signee)

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2024 APR 11 PM 12:01
TALLAHASSEE, FLORIDA

CSC WD-5301

Filing Fee: \$25.00