

117000004991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

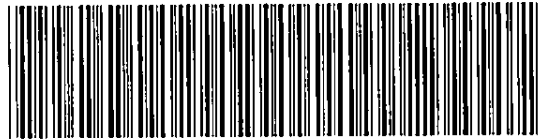
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 6 2024

Office Use Only



800428282468

FILED RECEIVED
2024 MAY - 3 AM 10:11
2024 MAY - 3 AM 10:44
J. HORNE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/03/2024
Acc#I20160000072

en: c DW

Name:	3275 Skywatch Heights LLC
Document #:	
Order #:	15537613

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

FILED
2024 MAY -3 AM 10:11
FLORIDA STATE
DEPARTMENT OF STATE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

3275 Skywatch Heights LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/08/2017

(Date registered with Florida Department of State)


M17000007991

(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)

Stacey Cohen

(Typed or printed name of signee)

Filing Fee: \$25.00