## M170000008074

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PICK-UP	TIAW	MAIL
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(Bus	siness Entity Name)	<del></del>
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c Copies Certificates of Status		
tial Instructions to Filin	g Officer:	
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Office Use Only



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Withdrawal

2023 JAN 24 AMTI: 46

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A. RAMSEY JAN 2 5 2023 RPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Eyliena Baker - EXT#

ACCOUNT NO. : I2000000195
REFERENCE : 391390 7972777
AUTHORIZATION: CHILDREN
COST LIMIT : \$ 25.00
ORDER DATE : January 23, 2023
ORDER TIME : 1:47 PM
ORDER NO. : 391390-185
CUSTOMER NO: 7972777
*
FOREIGN FILINGS
NAME: BRG CITRUS TOWER MANAGER, LLC
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XXX PLAIN STAMPED COPY  CERTIFICATE OF STATUS

EXAMINER:

## **COVER LETTER**

TO: Registratio Division o	n Section f Corporations		
BRG SUBJECT:	Citrus Tower Manager, Ll	.C	
SORTECT:	(Name of Fo	reign Limited Liability	(Company)
Dear Sir or Madam:			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
	(Name of Person)		_
	(Firm/Company)		_
	(Address)		_
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	dease call:	
(7)	lame of Person)	at ( at (Area Code &	) & Daytime Telephone Number)
Division P.O. Box	ion Section of 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

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BRG Citrus Tower Manager, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
09/21/2017
(Date registered with Florida Department of State)
M1700008074
(Florida Document Number)
Effective Date, if other than the date of filing:
Decordre Cuphus
(Signature of authorized representative)
Deondra Cephus
(Typed or printed name of signee)

Filing Fee: \$25.00