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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	

Office Use Only



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O SIMMONS APR 28 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

_____ PLAIN STAMPED COPY

____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 782732 4305390 AUTHORIZATION COST LIMIT ORDER DATE : April 27, 2021 ORDER TIME : 12:01 PM ORDER NO. : 782732-010 CUSTOMER NO: 4305390 FOREIGN FILINGS NAME: 45 DOVE PLUM, LLC __ CORPORATE ____ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY

EXAMINER:

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJEA		OVE PLUM, LLC		
00242	··· <u> </u>	(Name of Fore	ign Limited Liability	Company)
Dear Siz	r or Madam:			
The enc	losed withdr	awal and fee(s) are submitted	for filing.	
Please n	eturn all con	respondence concerning this r	natter to the following	:
Kim Me	cEllen			
	<u>.</u>	(Name of Person)		•
Cole S	ichotz P.C.			
		(Firm/Company)		-
25 Mai	in Street			
		(Address)		-
Hacke	nsack, NJ 0	7601		
		(City/State and Zip Code)	•
For furt	her informat	ion concerning this matter, pl	case call:	
Kim M	cEllen		201 at (525-6221
	(N	ame of Person)	(Area Code &	Daytime Telephone Number)
	Mailing Ac Registrati	ion Section		Street Address: Registration Section Division of Corporations
	Division P.O. Box	of Corporations		The Centre of Tallahassee
		ee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enciose	ed is a check	for the following amount:		
	Filing Fee	S30 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

45 DOVE PLUM	M, LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
December 1, 20	017	
	(Date registered with Florida Department of State)	
M17000010174	4	
	(Florida Document Number)	
(If an effective more than 90 d Note: If the dat	e, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date or days after filing.) the inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of St	requirements,
-	(Signature of authorized representative)	
	l	
	Robert J. Moser	
-	(Typed or printed name of signee)	

Filing Fee: \$25.00