

m170000/0978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

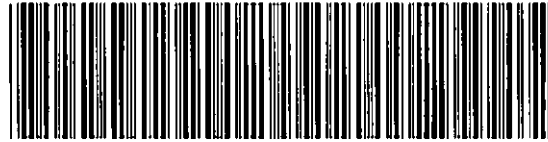
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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LLC withdrawn

FILED  
2023 SEP -8 AM 10:36  
CLERK OF COURT  
HALLANDALE BEACH, FL

RECEIVED  
2023 SEP -8 11:11 AM  
HALLANDALE BEACH, FLORIDA  
CLERK OF COURT

A. RAMSEY  
SEP 11 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 975772 7794684

AUTHORIZATION :

COST LIMIT : \$ 25.00

*[Handwritten Signature]*

ORDER DATE : September 7, 2023

ORDER TIME : 9:14 AM

ORDER NO. : 975772-010

CUSTOMER NO: 7794684

FOREIGN FILINGS

NAME: DOF IV BAY POINT, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOF IV Bay Point, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

Corporation Service Company

\_\_\_\_\_  
(Firm/Company)

1201 Hays Street

\_\_\_\_\_  
(Address)

Tallahassee, FL 32301

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Del Monaco

\_\_\_\_\_  
(Name of Person)

212

808-3613

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

FILED

2023 SEP -8 AM 10:36

FLORIDA DEPARTMENT OF STATE  
-TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DOF IV Bay Point, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 27, 2022

(Date registered with Florida Department of State)

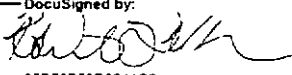
M17000010978

(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: September 7, 2023 (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.

DocuSigned by:  
  
37D79B53D0844C6...

(Signature of authorized representative)

Robert A. Del Monaco - Authorized Signatory

(Typed or printed name of signee)

**Filing Fee: \$25.00**