

M18000000775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

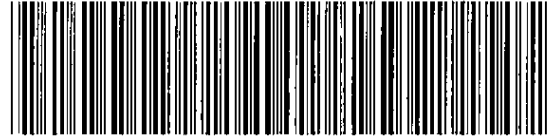
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Withdrawal

Office Use Only



000417269100

S. CHATHAM  
NOV - 9 2023

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 NOV - 8 AM 10: 09

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 NOV - 8 AM 11: 18

RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 117951 8006967

AUTHORIZATION :

COST LIMIT :

*\$25.00*  
*[Signature]*

ORDER DATE : November 7, 2023

ORDER TIME : 7:11 AM

ORDER NO. : 117951-020

CUSTOMER NO: 8006967

FOREIGN FILINGS

NAME: ASTOR PARK FEE OWNER LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Astor Park Fee Owner 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:

Mark Enfield

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

Astor Park Fee Owner LLC c/o TruAmerica Multifamily

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

10100 Santa Monica Blvd., Suite 400

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

Los Angeles, CA 90067

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

For further information concerning this matter, please call:

Mark Enfield 424 325-2750  
\_\_\_\_\_  
(Name of Person) 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 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 |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Astor Park Fee Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/23/2018

(Date registered with Florida Department of State)

M18000000775

(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.

DocuSigned by:

Mark Enfield

022441

(Signature of authorized representative)

Mark Enfield

(Typed or printed name of signee)

FILED  
2023 NOV -8 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00