## M18000000991

(Requestor's Name)
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(Business Entity Name)
(33)
(Document Number)
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000419522190

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 162171 17930704

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 1, 2023

ORDER TIME : 10:16 AM

ORDER NO. : 162171-015

CUSTOMER NO: 7930704

\_\_\_\_\_

## FOREIGN FILINGS

NAME: SAVOSA FL PARTNERS, LLC

\_\_\_ CORPORATE

\_\_ LIMITED PARTNERSHIP

XXX 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: Registratio Division of	n Section `Corporations		
	a FL Partners, LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the following	g:
Emmie Sutter			
	(Name of Person)	,-···	_
Morris, Manning &	Martin LLP		
	(Firm/Company)		_
3343 Peachtree Roa	d, N.E.		
	(Address)	· · · · · · · · · · · · · · · · · · ·	_
Atlanta, Georgia 30	326		
	(City/State and Zip Cod	c)	_
For further informat	ion concerning this matter. p	lease call:	
Emmie Sutter		404 at (	504-5417
(8)	ame of Person)		è 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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Savosa FL I	artners, LLC	
	(Name of limited liability company)	-
Delaware		
	(Jurisdiction of its organization)	<del></del>
January 29th	1, 2018	
	(Date registered with Florida Department of State)	
M18000000	991	
	(Florida Document Number)	
This limite	ed liability company is withdrawing its certificate of authority in	this state.
Effective I	(optional)	
	e date inserted in this block does not meet the applicable statuto fill not be listed as the document's effective date on the Departm	
	/s/ Corey B. May	
	(Signature of authorized representative)	
		2029
	Corey B. May	IF IL
	(Typed or printed name of signee)	ILED  C-I AM 9: 44  ASSEE. FLORIDA

Filing Fee: \$25.00