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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
6		

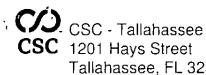
Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 12/27/24 Order #: 1751624-6

Re: Flagler 400 Associates, LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal
Amount to be deducted from our State Account: \$25.00 - FL State Account Number: 12000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

Registration Section Division of Corporations TO:

FLAG SUBJECT:	LER 400 ASSOCIATES, I	LLC	
	(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 followin	g:
Jennifer Ward Mil	ling		
<u></u>	(Name of Person)		_
Maritime Manage	ment, LLC		
	(Firm/Company)		_
One Maritime Pla	za, 21st Floor		
	(Address)		_
San Francisco, C	A 94111		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	lease call:	
Jennifer Ward Mil	ling	415 at (	421.2132
(5)	ame of Person)	(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	☐ S60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FLAGLER 400 ASSOCIATES, LLC		
(Name of	flimited liability company)	
Delaware		
(Jurisdi	iction of its organization)	
2/16/2018		21.
(Date registered	with Florida Department of State)	:- []
M18000001687		(S)
(Flori	ida Document Number)	
This limited liability company is withdra Effective Date, if other than the date of f		tate: :- (Coptional)
(If an effective date is listed, the date mu more than 90 days after filing.) <b>Note:</b> If the date inserted in this block do	ust be specific and cannot be prior to date ocs not meet the applicable statutory filing	e of filing or ng requirements,
this date will not be listed as the docume	ent's effective date on the Department of	State's records.
(Signature	e of authorized representative)	<del></del>
Richard B. Fried		<u> </u>
(Typed	d or printed name of signee)	

Filing Fee: \$25.00