

m18000002564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

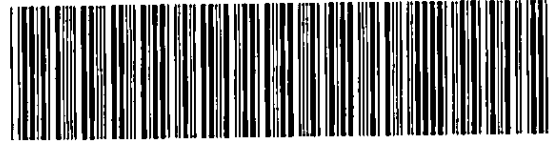
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500410253835

FILED

2023 JUN 16 AM 11:04

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUN 16 AM 11:33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC

Withdrawal

JUN 19 2023

D CONNELL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/16/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1158039

ORDER ENTITY

NEW RIVER PROPERTY OWNER LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

NEW RIVER PROPERTY OWNER LLC (FL)

File the attached withdrawal document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over the word "Sincerely,".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New River Property 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:

Robert Clark

(Name of Person)

King & Spalding LLP

(Firm/Company)

1180 Peachtree St NE, Suite 1600

(Address)

Atlanta, Georgia 30309

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Clark

(Name of Person)

404

572-3105

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

New River Property Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 14, 2018

(Date registered with Florida Department of State)

M18000002564

(Florida Document Number)

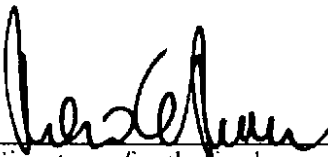
FILED
2023 APR 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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.



(Signature of authorized representative)

Davide Bizzi

(Typed or printed name of signee)

Filing Fee: \$25.00