## M180000 3235

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Marie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800331079078

07/02/19--01016--006 \*\*25.

2019 JUL -2 PH 6: 01

Midhdrawo

JUL 15 2019 I ALBRITTON

## COVER LETTER

	istration S ision of Co	ection orporations	•	
SHR IFCT:	Woodland Santa Rosa, LLC  (Name of Foreign Limited Liability Company)			
SUBSECT.				
Dear Sir or M	Madam:			
The enclosed	I withdraw	al and fee(s) are submitte	d for filing.	
Please return	all corres	pondence concerning this	matter to the following	:
Joe D. Steve	ens			
	·	(Name of Person)		-
Wise Carter	Child & C	Caraway, PA		
		(Firm/Company)		-
601 Adeline	Street			
		(Address)		•
Hattiesburg,	MS 3940	1		
		(City/State and Zip Cod	e)	-
For further is	nformation	concerning this matter, p	lease call:	
Joe D. Stevens		601 at (	582-5551	
	(Nam	e of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check fo	r the following amount:		
■ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Woodland Sania Rosa, LLC
(Name of limited liability company)
Mississippi
(Jurisdiction of its organization)
04/04/2018
(Date registered with Florida Department of State)
M18000003235
(Florida Document Number)
Effective Date, if other than the date of filing:
(Signature of authorized representative)
David C. Oliver, Manager
(Typed or printed name of signee)

Filing Fee: \$25.00