M18000004593

(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:					
Q. SILAS					

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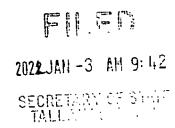
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2024 JAN -3 AH 9: 42 SECRETARY OF STATE

COVER LETTER

	gistration vision of (Section Corporations		
SUBJECT:	CW - FERNANDA, LLC			
SUBJECT.		(Name of For	eign Limited Liability	Company)
Dear Sir or N	Madam:			
The enclosed	d withdra	wal and fee(s) are submitted	d for filing.	
Please return	n all corre	espondence concerning this	matter to the following	Ţ:
John Cor	rk			
	_	(Name of Person)		-
Coronado	o West			
		(Firm/Company)		_
8655 S. F	Priest [Drive		
		(Address)		_
Tempe, A	AZ 852	84		
		(City/State and Zip Cod	e)	_
For further i	nformatio	on concerning this matter, p	lease call:	
Alisa Rotundo			480	820-0977
	(Na	ime of Person)		& 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 2 \$25 Filing		for the following amount: S30 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

CW - FERNANDA, LLC
(Name of limited liability company)
State of Delaware
(Jurisdiction of its organization)
05/11/2018
(Date registered with Florida Department of State)
M18000004593
(Florida Document Number)
(Signature of authorized representative) John Cork
(Typed or printed name of signee)

Filing Fee: \$25.00