

M180000006121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

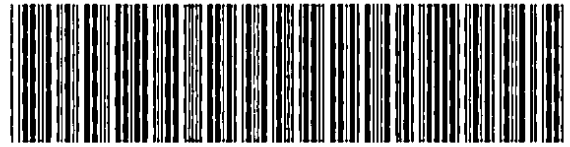
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. TALLER

JUL 2 2019

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2019 JUL 19 PM 5:46  
SECRETARY OF STATE  
TALLER, SUE FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2019

JENNIFER MCCART  
FOREST PROPERTIES MANAGEMENT INC  
625 MT AUBURN ST, SUITE 210  
CAMBRIDGE, MA 02138

SUBJECT: OLIVINE RESIDENCES, LLC  
Ref. Number: M18000006121

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE FORM TO WITHDRAW A FOREIGN COMPANY FROM THE STATE OF FLORIDA AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00013209

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

OLIVINE RESIDENCES 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:

JENNIFER McCART

(Name of Person)

FOREST PROPERTIES MGMT INC.

(Firm/Company)

625 MT. AUBURN ST. #210

(Address)

CAMBRIDGE, MA 02138

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER McCART

(Name of Person)

at ( 857 ) 229-1612

(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 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

CHECK  
PAID  
\$5420

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OLIVINE RESIDENCES, LLC  
(Name of limited liability company)

DELAWARE  
(Jurisdiction of its organization)


7/2/18  
(Date registered with Florida Department of State)

M18000006121  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 6/5/19 (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)

JEFFREY A. LIBERT  
(Typed or printed name of signee)

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2019 JUL 19 PM 5:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00