

M18000006320



600400727996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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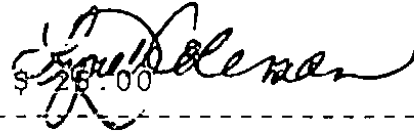
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 418520 7113721

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : January 27, 2023

ORDER TIME : 9:13 AM

ORDER NO. : 418520-155

CUSTOMER NO: 7113721

FOREIGN FILINGS

NAME: CES PORT ST. LUCIE FL
LANDLORD, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CES Port St. Lucie FL Landlord, 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:

HASANA STANBERRY
_____ (Name of Person)

TRUIST FINANCIAL CORPORATION
_____ (Firm/Company)

214 N TRYON STREET, 44TH FLOOR
_____ (Address)

CHARLOTTE, NC 28202
_____ (City/State and Zip Code)

For further information concerning this matter, please call:

HASANA STANBERRY 404 513-5075
_____ at (_____) _____
(Name of Person) (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:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

FILED

2023 JAN 30 AM 11: 5

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CES Port St. Lucie FL Landlord, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

07/10/2018

(Date registered with Florida Department of State)

M18000006320

(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: _____ (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.

Hasana Stanberry

(Signature of authorized representative)

HASANA STANBERRY

(Typed or printed name of signee)

Filing Fee: \$25.00