

# M180000 6422

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

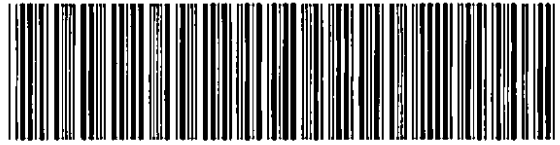
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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2022 DEC -1 AM 10:20

STATE OF FLORIDA  
TALLAHASSEE, FL

RECEIVED

2022 DEC -1 PM 3:39

STATE OF FLORIDA  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 170418 7656083

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : December 1, 2022

ORDER TIME : 2:43 PM

ORDER NO. : 170418-005

CUSTOMER NO: 7656083

FOREIGN FILINGS

NAME: ZEPHYR RIDGE (ZEPHYRHILLS)  
OWNER, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Elylena Baker - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zephyr Ridge (Zephyrhills) 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:

Jessica Chambers

\_\_\_\_\_  
(Name of Person)

Balfour Beatty Communities, LLC

\_\_\_\_\_  
(Firm/Company)

1 Country View Rd, Suite 100

\_\_\_\_\_  
(Address)

Malvern, PA 19355

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Chambers

\_\_\_\_\_  
(Name of Person)

610

355-8042

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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED

2022 DEC -1 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Zephyr Ridge (Zephyrhills) Owner, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

July 12, 2018

\_\_\_\_\_  
(Date registered with Florida Department of State)

M18000006422

\_\_\_\_\_  
(Florida Document Number)

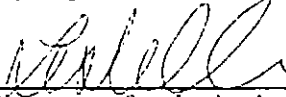
This limited liability company is withdrawing its certificate of authority in this state.

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.

Zephyr Ridge (Zephyrhills) Owner, LLC

By: BBC - ApexOne Zephyr Ridge LLC, its Sole Member

  
\_\_\_\_\_  
(Signature of authorized representative)

Leslie S. Cohn

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**