

# M180000007387

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

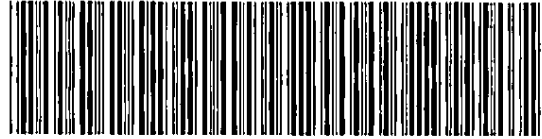
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



900415617899

FILED

2023 SEP 20 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 SEP 20 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 09/20/2023

Acc#I20160000072

*en: c SW*

Name:	MARKET SQUARE OWNERS, LLC
Document #:	
Order #:	15123633 - 8

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MARKET SQUARE OWNERS LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

AUGUST 09, 2018

(Date registered with Florida Department of State)

M18000007387

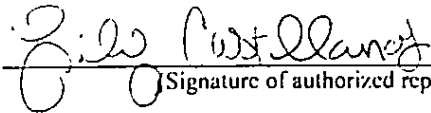
(Florida Document Number)

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.

  
(Signature of authorized representative)

Lily Castellanos, authorized representative  
(Typed or printed name of signer)

FILED  
2023 SEP 20 AM 10:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00