

M18000007552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

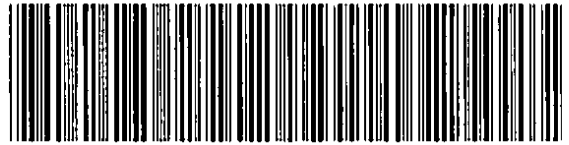
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 20 AM 9:57
TALLAHASSEE, FL
CLERK OF STATE

RECEIVED
2021 DEC 20 AM 11:55
TALLAHASSEE, FL

Y SULKER

DEC 21 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 339254 7984783

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 17, 2021

ORDER TIME : 11:0 AM

ORDER NO. : 339254-010

CUSTOMER NO: 7984783

FOREIGN FILINGS

NAME: BH MADISON PLACE MANAGER, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX 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: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BH MADISON PLACE MANAGER, 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:

Kerry Gehrls

(Name of Person)

BH Companies

(Firm/Company)

400 Locust St, Suite 790

(Address)

Des Moines, IA 50309

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Gehrls/Legal Dept

(Name of Person)

at (515) 244-2622

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BH Madison Place Manager, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/15/2018

(Date registered with Florida Department of State)

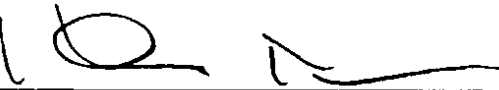
M18000007552

(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)

Harry Bookey

(Typed or printed name of signee)

FILED
2021 SEP 20 AM 9:57
CLERK OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00