## M18000007715

| (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: |
|   |
|   |
|   |





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2022 HAY 16 AM 11: 34 SHARE A CAREE FI

1022 MAY 16 PM 3

RECEIVED

Cf 3/17/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                                    |  |
|--|--|
| REFERENCE : 677762 8127984                                   |  |
| AUTHORIZATION :  |  |
| COST LIMIT : \$ /25.00                                       |  |
| ORDER DATE: May 16, 2022                                     |  |
| ORDER TIME : 2:36 PM   |  |
| ORDER NO. : 677762-010                                       |  |
| CUSTOMER NO: 8127984   |  |
|  |  |
| FOREIGN FILINGS  |  |
|  |  |
| NAME: DRAKE PACER SOUTHPARK 800<br>ACQUISITION, LLC          |  |
| CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY      |  |
| XXXX WITHDRAWAL/CANCELLATION                                 |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:              |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF STATUS |  |

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

## FILED

2022 MAY 16 AM 11: 34

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY!

| Drake Pacer Southpark 800 Acquisition, LLC  |
|---|
| (Name of limited liability company)   |
| Delaware  |
| (Jurisdiction of its organization)  |
| 8/22/2018   |
| (Date registered with Florida Department of State)  |
| M18000007715  |
| (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:   |
| <b>Note:</b> 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. |
| An Pul-   |
| (Signature of authorized representative)  |
| Jon Bourbeau  |
| (Typed or printed name of signee)   |

Filing Fee: \$25.00