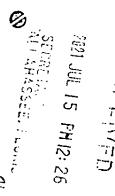
M8000010194

(Req	uestor's Name)	
(Add	lress)	
(Add	Iress)	
	- G: (5)	
(City	/State/Zip/Phone	2 #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
/Dos	cument Number)	
(DOC	ument Namber)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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Account#: 120000000088

Date:	07/15/2021	
	Marcel Ogbonna-A	mu
Referen	nce #:1418383	
Entity N	ame: PHVIF II N	AVARRE BEACH F&B, LLC
A	articles of Incorporation/Autho	rization to Transact Business
	mendment	
	Change of Agent	
<u></u>	Reinstatement	PLEASE RETAIN THE ORIGINAL DATE OF SUBMISSION, 7/15/2021
	Conversion	OF 30BIMI3310N, 7713/2021
N	Merger	
7	Dissolution/Withdrawal	
<u></u>	ictitious Name	
	Other	
Authoriz	zed Amount: \$25	
Signatu	re: <i>MD</i>	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 07/15/2021	
Name: Marcel Ogbonna-Amu	_
Reference #: 1418383	
Entity Name: PHVIF II NAVA	RRE BEACH F&B, LLC
☐ Articles of Incorporation/Authorization ☐ Amendment	on to Transact Business
Change of Agent	
Reinstatement	OF SUBMISSION, 7/15/2021
Conversion	
☐ Merger	
✓ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25	
Signature: MO	

P: +852.2682.9633

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT	PHVI	F II Nava	rre Beac	h F&B, LLC
				ity Company)
Dear Sir or	Madam:			
The enclose	d withdrawal and fee(s) are subr	mitted for file	ing.	
Please return	n all correspondence concerning	this matter t	o the follow	ing:
	Alicia Mund	οz		
	(Name of Person)			_
	Peachtree Hotel	Group)	
	(Firm/Company)			
	3500 Lenox Rd.	Ste 62	5	
	(Address)	 -	 	_
	Atlanta, GA 30	0326		
	(City/State and Zip	Code)		
or further in	formation concerning this matte	r, please call	:	
	Mitul Patet	at (518	213-0886
	(Name of Person)		(Arca Code a	& Daytime Telephone Number)
	EET/COURIER ADDRESS:		MAI	LING ADDRESS:
	ion of Corporations	, registation section .		
Cliffe	n Building		Division of Corporations	
	Executive Center Circle		P.O. Box 6327	
Talla	hassee, Florida 32301		i atlal	hassee, Florida 32314
nclosed is a	check for the following amoun	ıt:		
\$25 Filing F	ce \$30 Filing Fee & Certificate of Status		ling Fee & ed Copy	\$60 Filing Fee, Certificate of Status & Certified Conv

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PHVIF II Navarre Beach F&B, LLC		
(Name of limited liability company)		
Georgia		
(Jurisdiction of its organization)		
11/13/2018		
(Date registered with Florida Department of State)		
M18000010194		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this Effective Date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to do more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory files his date will not be listed as the document's effective date on the Department	(optionate of filing	g or
(Signature of authorized representative) Mitul Patel (Typed or printed name of signee)	<u> </u>	2021 JUL 15 M 7: 5

Filing Fee: \$25.00