M18000010804

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	I20000000195
Trocoon T	TAO.	

REFERENCE: 738878 5168766

AUTHORIZATION :

COST LIMIT ; \$ 25.00

ORDER DATE: April 24, 2019

ORDER TIME : 12:58 PM

ORDER NO. : 738878-005

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: JACARANDA HARMONY HOUSING 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

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

TO:

	gistration S rision of C	section orporations			
SUBJECT:	Jacaranda	1 Harmony Housing LLC			
50000017		(Name of Fo	reign Limited Liab	oility Con	npany)
Dear Sir or M	Madam:				
The enclosed	d withdraw	al and fee(s) are submitte	d for filing.		
Please return	all corres	pondence concerning this	matter to the follo	owing:	
Andrea Saul	lo				
	<u>_</u>	(Name of Person)		· <u></u>	
Jacaranda Hi	H LLC				
		(Firm/Company)			
152 West 57	th Street,	60th Floor			
		(Address)			
New York, N	VY 10019				
		(City/State and Zip Cod	le)		
For further ir	nformation	concerning this matter, p	lease call:		
Robert Barol	lak		212 at {	64	19-9700
	(Nam	e of Person)		ode & Day	rtime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a		r the following amount: S30 Filing Fee & Certificate of Status	S55 Filling Fe Certified Cop		1 \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Jacaranda Han	mony Housing LLC	
	(Name of limited liability company)	
Delaware		5 5 E T
	(Jurisdiction of its organization)	3 =
12/03/2018		27 工
	(Date registered with Florida Department of State)	
M1800001080)4	
	(Florida Document Number)	7 5
more than 90 Note: If the o	we date is listed, the date must be specific and cannot be prior to days after filing.) date inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department	filing requirements,
	(Signature of authorized representative)	
		
	(Typed or printed name of signee)	

Filing Fee: \$25.00