

M180000/08/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

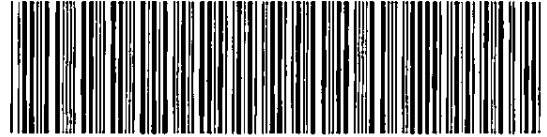
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600420818636

Withdrawal

RECEIVED

FILED

2024 FEB 13 PM 2:27

2024 FEB 13 PM 12:45

A. RAMSEY
FEB 14 2024

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/13/2024

Acc#I20160000072

en: c DW

Name:	MSVEF-OFC WFC Tampa PO GP LLC
Document #:	
Order #:	71138859

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"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSVEF-OFC WFC Tampa PO GP 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:

Antonio Gonzalez

(Name of Person)

New York Life Insurance Company

(Firm/Company)

51 Madison Avenue

(Address)

New York, N.Y. 10010

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Gonzalez

(Name of Person)

212

at (_____) _____

(Area Code & Daytime Telephone Number)

576-4749

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

FILED

2024 FEB 13 PM 12 45

FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MSVEF-OFC WFC Tampa PO GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/03/2018

(Date registered with Florida Department of State)

M18000010814

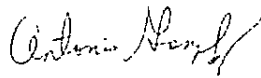
(Florida Document Number)

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)

Antonio Gonzalez

(Typed or printed name of signee)

Filing Fee: \$25.00