## MISCODICO

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
(Business	Entity Name)
(Documen	t Nµmber)
Certified Copies	Certificates of Status
Special Instructions to Filing ( J. HC	Difficer: IR 1E
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Offi	ce Use Only



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CORPORATION S 1201 Hays Str	ERVICE COMPANY
Tallahassee, Phone: 850-55	FL 32301
	ACCOUNT NO. : I2000000195
	REFERENCE : 281245 8180712
	AUTHORIZATION : Jour Repar
	COST LIMIT : \$(25.00
	December 22, 2022
ORDER TIME :	
ORDER NO. :	281245-020
CUSTOMER NO:	8180712
	FOREIGN FILINGS
NAME :	CMF THE OAKS ON MONUMENT, LLC
CORPORA	TE
LIMITED	PARTNERSHIP LIABILITY COMPANY
XXXX WITHDRAW	AL/CANCELLATION
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING:
	FIED COPY
	STAMPED COPY FICATE OF STATUS
CONTACT PERSO	N: Alexxis Weiland - EXT#
	EXAMINER:

			. <b>.</b>		
	COVER LETTER				
	istration Se sion of Co	ection porations			
SUBJECT:	CMF The	Oaks On Monument,	LLC		
		(Name of For	eign Limited Liability	Company)	
Dear Sir or M	ladam:				
The enclosed	withdrawa	al and fee(s) are submitte	d for filing.		
Please return	all corresp	ondence concerning this	matter to the following	g:	
Demi Elliott		(Name of Person)		-	
		(realize of recision)			
Carter Fund	ls, LLC				
		(Firm/Company)		-	
4890 W. Ke	nnedy Blv	d., Suite 200			
		(Address)		-	
Tampa, FL	33609				
		(City/State and Zip Cod	e)	-	
For further in	formation	concerning this matter, p	lease call:		
Demi Elliott			813	358-5981	
·	(Name	of Person)	at ( (Area Code &	_) è Daytime Telephone Number)	
Reg Div P.O	. Box 63	Section Corporations		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 [	330 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

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## SECHERARY OF TALLAHASSEL

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CMF The Oaks On Monument, LLC

	(Name of limited liability company)	
Delaware		
·	(Jurisdiction of its organization)	
December 6, 2018		
	(Date registered with Florida Department of State)	
M18000011000		
	(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.

Thomas W. Quard

(Signature of authorized representative)

Thomas W. Guard

(Typed or printed name of signee)

Filing Fee: \$25.00