

M18000011139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

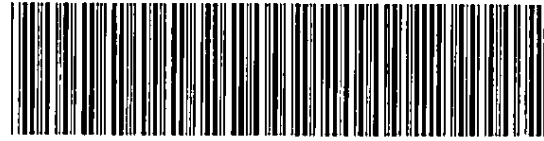
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200407027792

FILED

2023 MAY -1 PM 2:52


STATE
TALLAHASSEE, FL

RECEIVED

2023 MAY -1 PM 3:32

TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 712472 7456992
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 1, 2023
ORDER TIME : 2:35 PM
ORDER NO. : 712472-005
CUSTOMER NO: 7456992

FOREIGN FILINGS

NAME: 5830 SW 57TH AVE, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5830 SW 57th Ave, 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:

Kathy Darden

(Name of Person)

Polsinelli PC

(Firm/Company)

150 N. Riverside Plaza, Suite 3000

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Darden

(Name of Person)

312 463-6381
at (_____) _____
(Area Code & Daytime Telephone Number)

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

5830 SW 57th Ave, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 11, 2018

(Date registered with Florida Department of State)

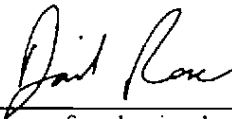
M18000011139

(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)

David Rose, Authorized Person

(Typed or printed name of signee)

2023 MAY -1 PM 2:52
SECRETARY OF STATE
DAVID ROSE, SECRET. FL

FILED

Filing Fee: \$25.00