## MIECCCC III66

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(200,000 2,)					
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S. YOUNG

## **COVER LETTER**

	istration S ision of Co	ection orporations			
Edwards Atlantic Avenue Investors, LLC					
SUBJECT:		(Name of For	eign Limited Liability	Company)	
Dear Sir or M	tadam:				
The enclosed	withdraw	ral and fee(s) are submitte	d for filing.		
Please return	all corres	pondence concerning this	matter to the following	og:	
Susan Wilgu	S				
	<del>.</del>	(Name of Person)		_	
The Edwards	: Compani	es			
(Firm/Company)				_	
495 South Hi	igh Street,	Suite 150			
	<del></del>	(Address)		_	
Columbus, O	H 43215				
		(City/State and Zip Cod	e)	_	
For further in	formation	concerning this matter, p	dease call:		
Susan Wilgus			614 at (	241-2070	
	(Nam	e of Person)	(Area Code a	& 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 fo	r the following amount:			
□\$25 Filing	Fee i	■ \$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

Edwards Atlantic Avenue Investors, LLC
(Name of limited liability company)
Ohio
(Jurisdiction of its organization)
12/11/2018
(Date registered with Florida Department of State)
M18000011166
(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:
(Signature of authorized representative)
Susan Wilgus, Assistant Secretaria (Typed or printed name of signee)

Filing Fee: \$25.00