Maccocodo

(Requestor's	Name)
(Address)	
(Address)	
(Audress)	
(City/State/Zip	/Phone #)
	,
	AIT MAIL
(Business Ent	ity Name)
(Document Ni	imber)
Certified Copies Cert	ficates of Status
Special Instructions to Filing Offic	er:
J.	HORNE C 28 2022
DF	C 2 8 2022
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Office U)se Only
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J				
CORPORATION S	ERVICE COMPANY			
1201 Hays Str Tallahassee,				
Phone: 850-55				
	ACCOUNT NO. : I2000000195			
	REFERENCE : 281245 8180712			
	AUTHORIZATION : Grethiele ran			
	COST LIMIT : \$ 25.00			
	December 22, 2022			
ORDER TIME :	8:33 AM			
ORDER NO. :	281245-005			
CUSTOMER NO:	8180712			
	FOREIGN FILINGS			
NAME :	CMF 2626 PARK, LLC			
CORPORA				
	PARTNERSHIP LIABILITY COMPANY			
XXXX WITHDRAW	XXXX WITHDRAWAL/CANCELLATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
	CERTIFIED COPY			
XX PLAIN STAMPED COPY CERTIFICATE OF STATUS				
	LOUID OF DIVIDO			
CONTACT PERSON: Alexxis Weiland - EXT#				
	EXAMINER :			

	• •	• •	
	CC	VER LETTE	R
TO: Registration Se Division of Cor			
CMF 262	6 Park, LLC		
SUBJECT:	(Name of For	eign Limited Liability	(Company)
Dear Sir or Madam:			
The enclosed withdrawa	and fee(s) are submitted	d for filing.	
Please return all corresp	ondence concerning this	matter to the followin	g:
Demi Elliott			
	(Name of Person)		_
Carter Funds, LLC			
	(Firm/Company)		_
4890 W. Kennedy Blv	d., Suite 200		
· · ·	(Address)		_
Tampa, FL 33609			
	(City/State and Zip Code	;)	_
For further information c	oncerning this matter, pl	ease call:	
Demi Elliott		813at (358-5981
(Name)	of Person)		& Daytime Telephone Number)
<u>Mailing Addres</u> Registration 1 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		<u>Street Address:</u> 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	S60 Filing Fee. Certificate of Status & Certified Copy

CH CD 2022 DEC 27 AM 10: 12 SECRETARY OF FALL ANACSER

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

• . . .

CMF 2626 Park, LLC

	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
December 28,2018	
	(Date registered with Florida Department of State)
M1900000006	
	(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. Award

(Signature of authorized representative)

Thomas W. Guard

(Typed or printed name of signee)

Filing Fee: \$25.00