

M19000004161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

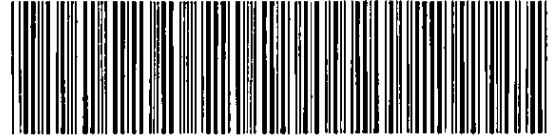
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 NOV 26 PM 10:55

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FILED

NOV 27 2019

M. SOLOMON

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 11/26/2019

**\*\*WALK IN\*\***

ENTITY NAME FTLFS RESIDENCES CONDOMINIUMS LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 25.00

CHECK # SEE ATTACHED CREDIT

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FTLFS Residences Condominiums LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

04/24/2019

(Date registered with Florida Department of State)

M19000004161

(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.

/s/ Caitlin Lazarus

(Signature of authorized representative)

Caitlin Lazarus, Special Manager

(Typed or printed name of signee)

**Filing Fee: \$25.00**

2018 NOV 26 PM 12:36  
STATE

1. ELD