

M 190000004239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

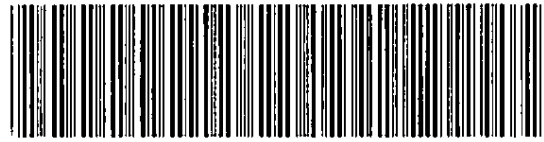
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Additional Copies _____

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2023 MAR 24 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL

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DIVISION OF
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115 N CALHOUN ST., STE. 4
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P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 03/23/2023

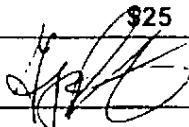
Name: Greg Pintacuda

Reference #: 1941712

Entity Name: SW TUSCAN RESERVE GP LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SW Tuscan Reserve GP 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:

Christina Armstrong

(Name of Person)

c/o Stoneweg

(Firm/Company)

360 Central Avenue, Suite 1130

(Address)

St. Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Linden

(Name of Person)

at (727)

339-6634

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

SW Tuscan Reserve GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

4/19/2019

(Date registered with Florida Department of State)

M19000004239

(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.

Pamela Linden

(Signature of authorized representative)

Pamela Linden

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 24 AM 9:57

FILED

Filing Fee: \$25.00