

M19 000004294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

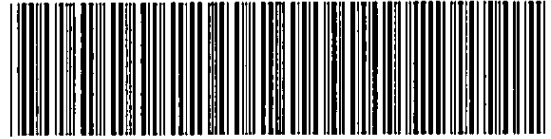
(Business Entity Name)

(Document Number)

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2023 MAR -9 PM 12:06

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 201 LAPLAYA REALTY 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:

MICHAEL OLEARY  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

404 WEST PENN  
\_\_\_\_\_  
(Address)

LONG BEACH, NY 11561  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

OLIVIA GEOGHEGAN 516 359-7927  
\_\_\_\_\_  
(Name of Person) 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

**FILED**  
 2023 MAR -9 PM 12:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

201 LAPLAYA REALTY LLC

(Name of limited liability company)

FLORIDA BROWARD COUNTY

(Jurisdiction of its organization)

11/14/2017

(Date registered with Florida Department of State)

M19000004394

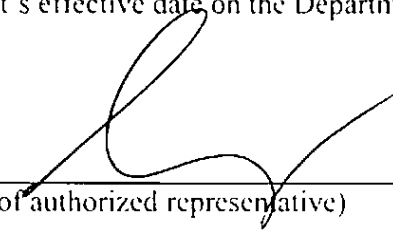
(Florida Document Number)

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2023 MAR -9 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

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)

MICHAEL O'LEARY

\_\_\_\_\_  
(Typed or printed name of signee)