

M19 000004294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

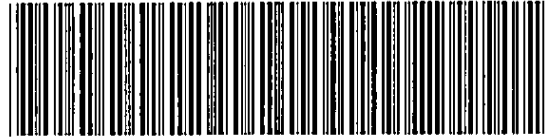
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2023 MAR -9 PM 12:06

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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)

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)

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

Filing Fee: \$25.00