11900004934

(Re	equestor's Name)			
(Ad	idress)			
(Ad	idress)			
(Cıt	ty/State/Zip/Phone	e #)		
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
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O SIMMONS JAN 1 2 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 601283 AUTHORIZATION COST LIMIT : ORDER DATE: January 8, 2021 ORDER TIME : 11:16 AM ORDER NO. : 601283-005 CUSTOMER NO: 4381472 FOREIGN FILINGS NAME: BOCA DUNES APARTMENTS, LLC CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

	egistration ivision of	Section Corporations		
SUBJECT		unes Apartments, LLC		
SOBJECT	•	(Name of For	eign Limited Liability	Company)
Dear Sir oi	Madam:			
The enclos	ed withdra	wal and fee(s) are submitte	d for filing.	
Please retu	rn all corre	espondence concerning this	matter to the following	g:
Chip Gray	•			
		(Name of Person)		_
Nelson M	ullins Rile	y & Scarborough, LLP		
		(Firm/Company)		_
390 North	Orange A	venue, Suite 1400		
-, -		(Address)		_
Orlando, F	Florida 328	801		
		(City/State and Zip Code	;)	_
For further	informatio	on concerning this matter, p	lease call:	
Chip Gray			407 at (481-5274
	(Na	me of Person)		& Daytime Telephone Number)
R D P	ivision o .O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed i	sacheck	for the following amount:		
□\$25 Fili	ng Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SINGLE AND TO STATE

FALL #1 1982E, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

oca Dunes Apartments, LLC
(Name of limited liability company)
elaware
(Jurisdiction of its organization)
ay 17, 2019
(Date registered with Florida Department of State)
119000004934
(Florida Document Number)
Sective Date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or one than 90 days after filing.) te: If the date inserted in this block does not meet the applicable statutory filing requirement is date will not be listed as the document's effective date on the Department of State's records. (Signature of authorized representative)
Samuel C. Stephens, III
(Typed or printed name of signee)

Filing Fee: \$25.00