

11190000009343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

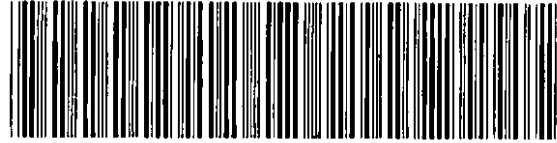
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

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000416343790

1113
CLERK OF STATE
DIVISION OF REVENUE
2023 OCT 26 PM 12:40

RECEIVED
2023 OCT 26 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT
10/26/23



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 10/26/23
Order #: 1296169-1
Re: Morini Miami, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:
Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$55.00 - FL State Account Number:
120000000195

Please take the following action:
File in your office on basis
Issue Proof of Filing
Issue Certified Copy

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the text 'Please take the following action:'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2023 OCT 26 PM 12:40

DEPARTMENT OF STATE
DIVISION OF CORP. AFFAIRS

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MORINI MIAMI, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

09/27/2019

(Date registered with Florida Department of State)


M19000009343

(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)

Brian Lauck

(Typed or printed name of signee)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Filing Fee: \$25.00