

M 19000010818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

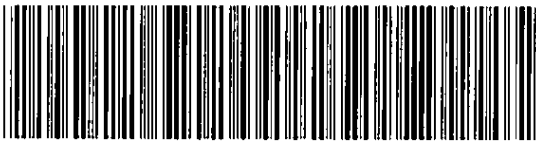
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 NOV 29 AM 11:36

ALL INFORMATION

CC
withhold

NOV 30 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 268174 5021613
AUTHORIZATION : *Sydney Cleman*
COST LIMIT : \$ 55.00

ORDER DATE : November 28, 2021
ORDER TIME : 9:03 AM
ORDER NO. : 268174-025
CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: KW JACKSONVILLE BEACH GP LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: *CIA*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KW JACKSONVILLE BEACH 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

 KW JACKSONVILLE BEACH GP LLC
 (Name of limited liability company)

 DELAWARE
 (Jurisdiction of its organization)

 NOVEMBER 7, 2019
 (Date registered with Florida Department of State)

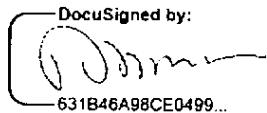
 M19000010818
 (Florida Document Number)

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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.

DocuSigned by:

 631B46A98CE0499...

(Signature of authorized representative)

Arthur Amron, Vice President and Assistant Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00