

M19000011639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

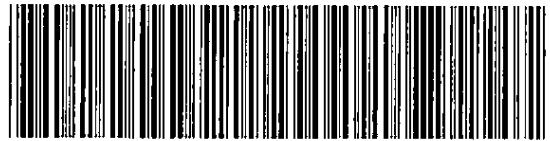
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 8 2023

Office Use Only



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FILED
2023 MAY -5 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED
2023 MAY -5 PM 3:39
PROCTOR & KENNEDY
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 723910 7833946

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : May 5, 2023

ORDER TIME : 2:26 PM

ORDER NO. : 723910-010

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: M/S CONGRESS OWNER, 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

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M/S Congress Owner, 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:

Jordan Kornberg

(Name of Person)

M/S Congress Associates, LLC

(Firm/Company)

c/o 2601 S. Bayshore Drive, Ste. 850

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Nazarkewich

305

531-2426

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 & ☐ \$55 Filing Fee & ☐ \$60 Filing Fee,

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FILED
2023 MAY -5 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FL

M/S CONGRESS OWNER, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

December 6, 2019

(Date registered with Florida Department of State)

M19000011639

(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.

DocuSigned by:



BJ7A70B00025ABX

(Signature of authorized representative)

Jordan Kornberg

(Typed or printed name of signee)

Filing Fee: \$25.00