	(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 OCT - 2 2024

Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK UP:	JENA 9/30
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	WITHDRAWAL
1.	16A PROPERTY HOLDING (CORPORATE NAME AND DOCUME)	GS, LLC
2.	(CORPORATE NAME AND DOCUME	NT#)
3.	(CORPORATE NAME AND DOCUME)	NT#)
4.	(CORPORATE NAME AND DOCUME)	NT #)
5.	(CORPORATE NAME AND DOCUME	NT #)
6.	(CORPORATE NAME AND DOCUME	NT #)
SPECIA	L INSTRUCTIONS:	

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 16 A Property Holdings 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:			
CORINNE ROSEN (Name of Person)			
16A Property Holdings LLC (FirmCompany)			
1110 Kane Conquerse Sunte 500 (Address)			
Bay Harbor + Skands 7233154 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (305) 861-947 (Area Code & Daytime Telephone Num	ber)		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallaTallahassee, FL 323142415 N. Monroe StTallahassee, FL 323	ations hassee reet, Suite 810		
Enclosed is a check for the following amount:			
□\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status Certified Copy	tus &		

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

16A Property Holdings LLC (Name of limited liability company)
/(Name of limited liability company)
Delawar e (Jurisdiction of its organization)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M a000000 374 (Florida Document Number)
(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)
Olivekio Lew (Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00