## M20000003121

(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.
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Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 02/23/2024
Name:Patrice Rush
Reference #:
Entity Name: AGRE STEELBRIDGE LAS OLAS WEST JV, LLC
Articles of Incorporation/Authorization to Transact Business
☐ Amendment
Change of Agent
Reinstatement
☐ Conversion
Merger
☑ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount: \$25.00
Signature:

F: 800.944.6607

F: +852.2682.9790

## **COVER LETTER**

то:	Registration Division of	Section Corporations		
SUBJEC	т:	AGRE STEELBI	RIDGE LAS OLAS	WEST JV, LLC.
		(Name of Fo	reign Limited Liability (	Company)
Dear Sir	or Madam:			
The enct	osed withdra	iwal and fee(s) are submitte	d for filing.	
Please re	turn all corr	espondence concerning this	matter to the following:	:
		Alexandra Ramirez		
		(Name of Person)		
		Square2 Capital, LL	C.	
		(Firm/Company)		
	32	50 Mary Street, Suite	207	
-		(Address)		
		Miami, FL 33133		
		(City/State and Zip Cod	le)	
For furth	er informati	on concerning this matter, p	lease call:	
	Alex	andra Ramirez	at ( <u>305</u>	372-8828
	(No	ime of Person)	(Area Code &	Daytime Telephone Number)
	Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314	
Enclosed	l is a check	for the following amount:		
□ \$25 F	iling 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

AGRE STEELBRIDGE LAS OLAS WEST JV, LLC			
(Name of limited liability company)			
DE			
(Jurisdiction of its organization)	_		_
04/10/2020			
(Date registered with Florida Department of State)			_
M2000003721			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this sta	ite.		
Effective Date, if other than the date of filing:	_ (optio	nal)	
Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S			
(Signature of authorized representative)	-		
GAUIN E. CAMPBELL			
(Typed or printed name of signee)	ALLAHASSEE, FL	2024 FEB 23 AM I	

Filing Fee: \$25.00