

MR 0000006012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

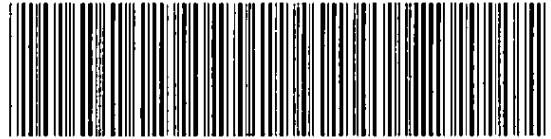
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2023 AUG 14 AM 10:48

COVER LETTER

Ch # 2029
8/8/23
H

TO: Registration Section
Division of Corporations

SUBJECT: CAW I Meridian Place, 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:

Greg Litvak

(Name of Person)

RRE Meridian Place Associates, LLC

(Firm/Company)

511 16th Street Mall, Suite 200

(Address)

Denver, CO 80202

(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Litvak

(Name of Person)

303 905-4910
at (_____) _____
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CAW I Meridian Place, LLC

(Name of limited liability company)

CO

(Jurisdiction of its organization)

07/08/2020

(Date registered with Florida Department of State)

M20000006012

(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)

Greg Litvak

(Typed or printed name of signee)

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2023 AUG 14 AM 10:48

Filing Fee: \$25.00