## M20000001201

(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 469183 8351815

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 10, 2022

ORDER TIME : 2:19 PM

ORDER NO. : 469183-010

CUSTOMER NO: 8351815

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## FOREIGN FILINGS

NAME: CROSSINGS CAPE CORAL GP LLC

\_ CORPORATE

LIMITED PARTNERSHIP

XX 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 Crossings Cape Coral GP LLC SUBJECT: (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: Hanna Jamar (Name of Person) Lincoln Avenue Capital (Firm/Company) 680 5th Avenue, 17th Floor (Address) New York, NY 10019 (City/State and Zip Code) For further information concerning this matter, please call: Hanna Jamar (Name of Person) (Area Code & Daytime Telephone Number) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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. Certificate of Status Certified Copy Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Crossings Cap	e Coral GP LLC
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
August 19, 202	SSE 3
	(Date registered with Florida Department of State)
M2000000720	
	(Florida Document Number)
Effective Date (If an effective more than 90 ( <b>Note:</b> If the da	ability company is withdrawing its certificate of authority in this state.  c. if other than the date of filing:
	/s/ Craig Clark (Signature of authorized representative)
	Craig Clark
	(Typed or printed name of signee)

Filing Fee: \$25.00