(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	MAIT	LIAM		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer.				
J. HORNE FEB 2 2 2023				
· · · · · · · · · · · · · · · · · · ·	·····			

Office Use Only



ALLAHASSEE, FLUFT

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/20/2023				
Name:		_			
Reference #:	1912571	_			
		PROPERTY OWNER, LLC			
Article	es of Incorporation/Authorization	to Transact Business			
Amen	dment				
☐ Chang	ge of Agent				
☐ Reinst	tatement				
Conversion					
☐ Merger					
✓ Dissolution/Withdrawal					
Fictition	ous Name				
✓ Other	CERTIFIE	D COPY UPON FILING			
	- 1				
Authorized A	mount: \$55.00				
Signature:	- Child				



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Account#: !20000000088

Date:	02/20/2023	
Name:_	Chris Vick	_
Referenc	ce #: 1912571	_
Entity Na	ame: MANATEE COUNTY	PROPERTY OWNER, LLC
Aı	rticles of Incorporation/Authorization	to Transact Business
A	mendment	
c	hange of Agent	
□ R	einstatement	
□ c	onversion	
	erger	
√ D	issolution/Withdrawal	
☐ Fi	ctitious Name	
√ 0	ther CERTIFIE	D COPY UPON FILING
Authoriz Signatur	e:	

Registration Section

TO:

COVER LETTER

Division of	Corporations				
SUBJECT:	MANATEE COUNTY PROPERTY OWNER, LLC				
	lompany)				
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all corr	respondence concerning this	matter to the following:	:		
	JILL BLAIR				
_	(Name of Person)				
	(Firm/Company)				
5	33 S 3RD STREET#	100			
	(Address)				
M	INNEAPOLIS, MN 55	5415			
	(City/State and Zip Coc	le)			
For further informat	ion concerning this matter, p	dease call:			
MICHA	EL R. MCELROY	at (612	492-4000		
(8)	ame of Person)	(Area Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:				
☐ \$25 Filing 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 AUTHOR MANATEE COUNTY PROPERTY OWNER, LLC (Name of limited liability company) DELAWARE (Jurisdiction of its organization) 09/17/2020 (Date registered with Florida Department of State) M20000008122 (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: ___ (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) MICHAEL R. MCELROY (Typed or printed name of signee)

Filing Fee: \$25.00