(R	equestor's Name)	,
(A	ddress)	
	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nan	na)
(50	rainess Entity Man	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	HORNE APR 24 2024	:

Office Use Only



400427531414

FILED 2024 APR 26 AM 9: 52 8 8 2 200 ST STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO. : I2000000195	
REFERENCE : WD-5755	
AUTHORIZATION, C.	
COST LIMIT : \$ 25.00	
ORDER DATE : 04/26/2024	
ORDER TIME :	
ORDER NO. :	
CUSTOMER NO:	
FOREIGN FILINGS	
NAME: CPF Living Communities II - Heritage Land, LLC	
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	
XXXX WITHDRAWAL/CANCELLATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS	
CONTACT PERSON: AMANDA MILLER	

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations CPF LIVING COMMUNITIES II - HERITAGE LAND, 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: CORPORATION SERVICE COMPANY (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) 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

CPF LIVING COMMUNITIES II - HERITAGE LAND, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
9/18/2020
(Date registered with Florida Department of State)
M2000008194
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Iffective 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 nore than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as the document's effective date on the Department of State's records. (Signature of authorized representative)
JAY FLATT
(Typed or printed name of signee)

Filing Fee: \$25.00 CSC WD-5755