M20000010917

(1	Requestor's Name)	
	Address)	
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((City/State/Zip/Phone #)	
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(1	Business Entity Name)	
(1	Document Number)	
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Special Instructions to	Filing Officer.	
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CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
X	РНОТОСОРУ	
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X	FILING	WITHDRAWL
		MPA CENTER POINT LLC
(1	CORPORATE NAME AND DO	OCUMENT #)
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COVER LETTER

TO: Registration Division o	n Section f Corporations		
Albar SUBJECT:	y Road-Tampa Center Point	LLC	
SOBJECT:	(Name of Fo	reign Limited Liability	(Company)
Dear Sir or Madam			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following	g:
Kevin R. Brennan			
	(Name of Person)		_
Saul Ewing LLP			
	(Firm/Company)		_
131 Dartmouth Stro	eet, Suite 501		
· · · · · · · · · · · · · · · · · · ·	(Address)		_
Boston, MA 02110			
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	olease call:	
Kevin Brennan		617 at (894-7836
(.)	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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:		
□\$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 AUTHORITY

Albany Road-Tampa Center Point LLC	
(Name of limited liability company)	2023 TÀL
Delaware	2023 SEF
(Jurisdiction of its organization)	AS: 1
December 1, 2020	SA - 1
(Date registered with Florida Department of State)	
M20000010917	PM 12: 18
(Florida Document Number)	>
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be primore than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statithis date will not be listed as the document's effective date on the Departure.	utory filing requirements,
(Signature of authorized representative)	<u> </u>
Christopher J. Knisley (Typed or printed name of signee)	

Filing Fee: \$25.00