(((H23000224828 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL COVE ESSENTIAL NET LEASE 25 HOLDINGS, LLC

Certificate of Status	0
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Corporate Filing Menu

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## COVER LETTER \*

H23000224828

TO: Registration Section Division of Corporations		
	ssential Net Lease 25 Holdings, LLC	
SUBJECT: (Name of Foreign Limited Liability Company)		
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are sub-	mitted for filing	
	•	
Please return all correspondence concerning	g this matter to the following:	
(Name of Person)	<del></del>	
Capitol Services - Corporate Filin	ngs Team	
(Firm/Company)	igo i cam	
515 East Park Avenue 2nd Fi		
(Address)		
Tallahassee , FL 32301		
(City/State and Zip	p Code)	
For further information concerning this matt	ter, ptease call:	
	055 400 5500	
(Name of Person)	at (855) 498 - 5500 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	: MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327	
2415 N. Monroe Street, Suite 87 Tallahassee, FL 32303		
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee \$30 Filing Fee & Certificate of Star	\$55 Filing Fee & \$60 Filing Fee, tus Certified Copy Certificate of Status & Certified Copy	

H23000224828

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cove Essential Net Lease 25 Holdings, LLC			
(Name of limited liability company)			}
Delaware			
(Jurisdiction of its organization)			
12/21/2020			
(Date registered with Florida Department of State)	•		
M20000011814			
(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 prior to date more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filir this date will not be listed as the document's effective date on the Department of	ig requiren	or nen <u>ts</u> ;	
•		, Ŧ	
		ယ်	<u>-</u>
(Signature of authorized representative)	— .	ÆHH: 23	C
		$\sim$	
Chris Sorensen	_	ယ	
(Typed or printed name of signee)	<del>_</del>		

Filing Fee: \$25.00