M21000002027

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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APR 14 7072 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 619608 7232314

AUTHORIZATION : Specific Roman

COST LIMIT : \$ 25.00

ORDER DATE : April 13, 2022

ORDER TIME : 1:05 PM

ORDER NO. : 619608-010

CUSTOMER NO: 7232314

FOREIGN FILINGS

NAME: URBAN 705 LENOX 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: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

| TO: | Registration Division of | Section Corporations | | |
|-----------------|-----------------------------|--|--------------------------------------|--|
| SUBJEC | | 705 Lenox LLC | | |
| | | (Name of Fo | reign Limited Liability | · Соптрапу) |
| Dear Sir | or Madam: | | | |
| The encl | osed withdra | wal and fee(s) are submitte | ed for filing. | |
| Please re | eturn all corn | espondence concerning this | matter to the following | g: |
| Connell | J. Watters | | | |
| | | (Name of Person) | | _ |
| Sentine | l Real Estat | te Corporation | | |
| | | (Firm/Сотралу) | | _ |
| 1251 A | venue of the | Americas, Fl 35 | | |
| | | (Address) | _ · | _ |
| New Yo | rk, NY 100 | 20 | | |
| | | (City/State and Zip Cod | le) | _ |
| For furth | er informatio | on concerning this matter, p | olease call: | |
| Connell | J. Watters | | 212 at (| 408-2939 |
| | (Na | me of Person) | | & Daytime Telephone Number) |
| | P.O. Box 6 | on Section f Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed | l is a check i | for the following amount: | | |
| ≣\$ 25 F | iling 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

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Filing Fee: \$25.00