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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL COUNTYLINE BUILDING 28 LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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APR 0 9 2024 K. Brumbley

COVER LETTER TO: Registration Section Division of Corporations Countyline Building 28 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: Jessica Perez (Name of Person) c/o FECI (Firm/Company) P.O. Box 164739 (Address) Miami, FL 33116 (City/State and Zip Code) For further information concerning this matter, please call; Jessica Perez (Name of Person) (Area Code & Daytime Telephone Number) 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

■\$25 Filing Fee \$\Bigcup \$30 Filing Fee & \Bigcup \$55 Filing Fee & \Bigcup \$60 Filing Fee, Certificate of Status & Certified Copy Certified Copy

Enclosed is a check for the following amount:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Countyline Building 28 LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
05/03/2021	
(Date registered with Florida Department of State)	
M21000003121	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this st	ate.
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 filin this date will not be listed as the document's effective date on the Department of	ng requirements.
(Signature of authorized representative) Vice President	2024 APR -8
(Typed or printed name of signee)	φ == :
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Filing Fee: \$25.00