

M210000004052

(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:

Office Use Only



100403168941

FILED RECEIVED  
MAR -6 AM 10:02 2023  
STATE ALLAHABAD

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 550286 4321040  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

-----  
ORDER DATE : March 6, 2023  
ORDER TIME : 1:31 PM  
ORDER NO. : 550286-045  
CUSTOMER NO: 4321040  
-----

FOREIGN FILINGS

NAME: 160 S HIBISCUS FL 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-sorenson - EXT#

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 160 S Hibiscus FL LLC  
\_\_\_\_\_  
(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:

Mary Golonka

\_\_\_\_\_  
(Name of Person)

ArentFox Schiff LLP

\_\_\_\_\_  
(Firm/Company)

233 South Wacker Drive, Suite 7100

\_\_\_\_\_  
(Address)

Chicago, IL 60606

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Golonka

\_\_\_\_\_  
(Name of Person)

312 258-4604

at ( \_\_\_\_\_ )

(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

160 S Hibiscus FL LLC

\_\_\_\_\_  
(Name of limited liability company)

Wyoming

\_\_\_\_\_  
(Jurisdiction of its organization)

04/08/2021

\_\_\_\_\_  
(Date registered with Florida Department of State)

M21000004052

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*/s/ Josh Lehman*

\_\_\_\_\_  
(Signature of authorized representative)

Josh Lehman

\_\_\_\_\_  
(Typed or printed name of signee)

FILED  
2021 APR 6 AM 10:03  
TALLAHASSEE, FL  
FLORIDA DEPARTMENT OF STATE

**Filing Fee: \$25.00**