(Requestor's Name)
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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 05/02/23

NAME: ALAFAYA MARKET, LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ration Section on of Corporations		
A SUBJECT:	lafaya Market, LLC		
30b.m.e.r	(Name of F	oreign Limited Liabili	ty Company)
Dear Sir or Mad	am:		
The enclosed wi	thdrawal and fee(s) are submit	ted for filing.	
Please return all	correspondence concerning th	is matter to the followi	ing:
Dean Farmer			
	(Name of Person)		
Harbour Real E	state Management Partners, LL	.C	
	(Firm/Company)		_
3 Keel St. Unit	 ‡2		
	(Address)		_
Wrightsville, NO	28480		
	(City/State and Zip Co	de)	_
For further infor	nation concerning this matter.	please call;	
Dean Farmer		770 at {_	378-1499
	(Name of Person)		& Daytime Telephone Number)
Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, 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 che	eck 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

Alafaya Market, LLC	
(Name of limited liability company)	
DE	
(Jurisdiction of its organization)	
4/19/21	
(Date registered with Florida Department of State)	
M21000004645	
(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 filing this date will not be listed as the document's effective date on the Department of	ig requirements,
Rang Kully Riogrammas (Signature of authorized representative)	_
Randy Kelley	
(Typed or printed name of signee)	_

Filing Fee: \$25.00