

N21000012640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

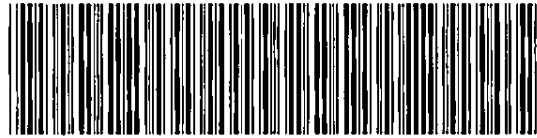
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100381987001

FILED

2022 MAR 14 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL


RECEIVED

2022 MAR 14 AM 10:25
ALLAHASSEE, TOWN

Individual

MAR 15 2027
ALBRITTON

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

ACCOUNT NO. : I20000000195
REFERENCE : 542705 7833946
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : March 11, 2022
ORDER TIME : 8:42 AM
ORDER NO. : 542705-020
CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: M-5700 SADDLEBROOK RMA OWNER,
LLC

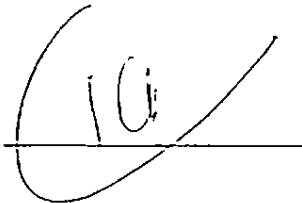
☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M-5700 SADDLEBROOK RMA OWNER, 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:

Camilo Miguel, Jr.

(Name of Person)

M-5700 Saddlebrook MGR, LLC

(Firm/Company)

2601 S. Bayshore Drive, Ste. 850

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Camilo Miguel, Jr.

(Name of Person)

305

531-2426

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

M-5700 SADDLEBROOK RMA OWNER, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

September 24, 2021

(Date registered with Florida Department of State)

M21000012640

(Florida Document Number)


FILED
2022 MAR 14 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL

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.



(Signature of authorized representative)

Camilo Miguel, Jr.

(Typed or printed name of signee)

Filing Fee: \$25.00