

Ma1000012861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

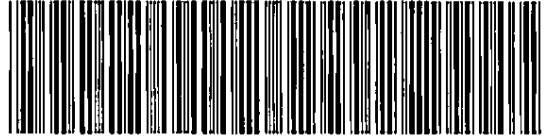
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J. HORNE
OCT 26 2022

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FILED
2022 OCT 25 AM 9:47
SECRETARY OF THE
TALLAHASSEE
2022 OCT 25 PM 4:51

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/25/22

NAME: AWEN SUNSET LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to be 'Paul Hodge', is written over the authorization line.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AWEN SUNSET 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:

Alison M. Cornyn

(Name of Person)

(Firm/Company)

76 Lafayette Avenue

(Address)

Brooklyn, NY 11217

(City/State and Zip Code)

For further information concerning this matter, please call:

Alison M. Cornyn

917 575-1025
at ()

(Name of Person)

(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

SECRETARY OF STATE
FALL AND SPRING FILING

2022 OCT 25 AM 9:47

FILED

Awen Sunset LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

9/30/2021

(Date registered with Florida Department of State)

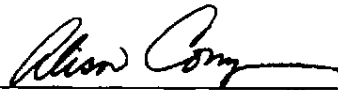
M21000012867

(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.



(Signature of authorized representative)

Alison M. Comyn

(Typed or printed name of signee)

Filing Fee: \$25.00