

M22 00000 1619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

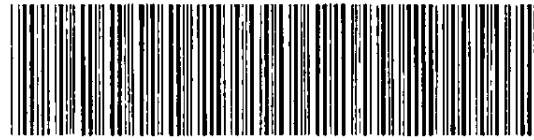
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer.

Office Use Only

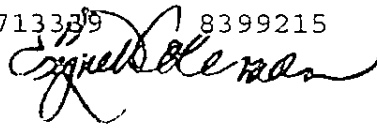


800407899038

2023 MAY -2 PM 1:02
RECEIVED

2023 MAY -2 AM 11:31
RECEIVED
DISPATCHED
FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 713339 8399215
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 1, 2023
ORDER TIME : 9:23 AM
ORDER NO. : 713339-005
CUSTOMER NO: 8399215

FOREIGN FILINGS

NAME: SPG 3500 NW 24TH ST 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: _____

2023 MAY -2 PM 1:02

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SPG 3500 NW 24th St LLC

(Name of limited liability company)

State of Delaware

(Jurisdiction of its organization)

February 1, 2022

(Date registered with Florida Department of State)

M22000001619

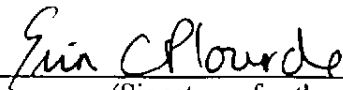
(Florida Document Number)

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)

Erin Plourde

(Typed or printed name of signee)

Filing Fee: \$25.00