(Requestor's Name)	
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(Business Entity Name)	
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Certified Copies Certificates of Status _	
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NAME:

BUENA SANDS APARTMENTS LLC

TYPE OF FILING: WITHDRAWAL

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE CE to a ge

COVER LETTER

	ision of Co	orporations		
SUBJECT:	Buena Sa	nds Apartments LLC		
oomeer.		(Name of For	eign Limited Liability	Company)
Dear Sir or M	Madam:			
The enclosed	d withdraw	al and fee(s) are submitte	d for filing.	
Please return	all corres	pondence concerning this	matter to the followin	g:
Scott Gerard	1			
		(Name of Person)		
Buena Sand	s Apartme	nts LLC		
		(Firm/Company)		_
16787 Beacl	b Bivd #24	3		
		(Address)		-
Huntington	Beach, CA	92647		
		(City/State and Zip Cod	c)	
For further is	nformation	concerning this matter, p	lease call:	
Scott Gerard	l		714 at (345-4223
	(Nam	e of Person)	(Area Code &	& Daytime Telephone Number)
Rep Div P.C	vision of D. Box 63	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check fo	r the following amount:		
□\$25 Filing	g 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

Buena Sands Apartments LLC
(Name of linuted liability company)
California
(Jurisdiction of its organization)
3/02/22
(Date registered with Florida Department of State)
M22000003228
(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:
(Signature of authorized representative)
Scott Gerard
(Typed or printed name of signee)

Filing Fee: \$25.00