

M220000007375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

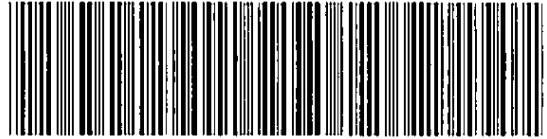
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300419579343

FILED

2023 DEC 28 PM 12:48

TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC 28 PM 4:35

TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/28/2023

Acc#120160000072

en: c DW

Name:	LEMONADE MM FORT PIERCE INDIAN LLC
Document #:	
Order #:	15294648 - 106

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

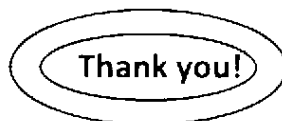
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	25.00
------------	-------



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LEMONADE MM FORT PIERCE INDIAN LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/11/2022

(Date registered with Florida Department of State)

M22000007375

(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: 12/31/2023 (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.

Kara Korosec

(Signature of authorized representative)

KARA KOROSEC, MANAGER

(Typed or printed name of signee)

FILED
2023 DEC 28 PM 12:48
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00