

M22000007405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

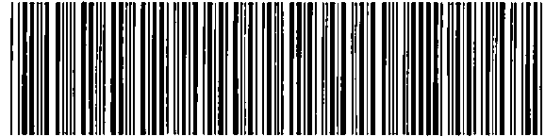
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600419580126

FILED  
2023 DEC 28 PM 12:38  
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

*W: C D W*

Name:	LEMONADE MM MIAMI SUNSET DRIVE LLC
Document #:	
Order #:	15294648 - 121

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**

Thank you!

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

LEMONADE MM MIAMI SUNSET DRIVE LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

05/11/2022

\_\_\_\_\_  
(Date registered with Florida Department of State)

M22000007405

\_\_\_\_\_  
(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)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 DEC 28 PM 12:38

FILED

**Filing Fee: \$25.00**