

# M 220000007566

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

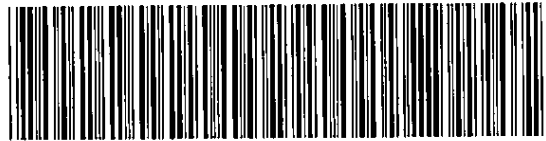
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2023 APR -4 AM 9:22

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 APR -4 PM 1:59

CLERK OF STATE  
CORPORATION  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 04/04/2023

**\*\*WALK IN\*\***

ENTITY NAME St Pete 1123 Owner LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 35.00 25.00

ACCOUNT # 120160000072

*W: L*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

FILED

2023 APR -4 AM 9: 22

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

St Pete 1123 Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

June 3, 2022

(Date registered with Florida Department of State)

M22000007566

(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.

*Michele H Conway*

(Signature of authorized representative)

Michele H Conway

(Typed or printed name of signee)

**Filing Fee: \$25.00**