

M22000008788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

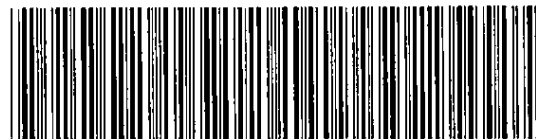
certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 21 2022

Office Use Only



700397936517

2022 NOV 18 AM 11:46
SECRETARY OF
TALLAHASSEE

F-11 F.D

65

2022 NOV 18 PM 3:33

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/18/2022

Acc#I20160000072

en: c DW

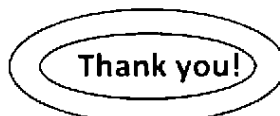
Name:	Madison 8501 Palm Propco LLC
Document #:	
Order #:	14643946 - 15

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"/>

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

Amount: \$ 25.00



FILED
2022 NOV 18 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Madison 8501 Palm Propco LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

June 6, 2022

(Date registered with Florida Department of State)

M22000008788

(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.

/s/ Lyn Walsh

(Signature of authorized representative)

Lyn Walsh

(Typed or printed name of signee)

Filing Fee: \$25.00