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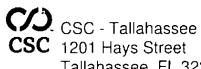
(Requestor's Name)
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Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/17/24

Order #: 1648072-1

Re: 700 North Miami Tenant LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

Letter Block

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

700 North Miar	mi Tenant LLC	187
	(Name of limited liability company)	1623001
New York		
	(Jurisdiction of its organization)	
06/15/2022		٠. ٧
	(Date registered with Florida Department of State)	
M2200000927	79	
	(Florida Document Number)	
more than 90 o Note: If the da	e date is listed, the date must be specific and cannot be prior to date o days after filing.) ate inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of St	requirements,
	(Signature of authorized representative)	
	Jane Wang	
	(Typed or printed name of signee)	

WD-9839

Filing Fee: \$25.00