

# M2200010501

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
Account Number : 072100000047  
Phone : (561)659-1770  
Fax Number : (561)833-2261

## LLC DISSOLUTION OR WITHDRAWAL 5 GOLFVIEW RD., LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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2023 JUL -5 PM 3:58

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL -5 PM 1:35

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AND  
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< Example

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5 Golfview Rd., LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. Timothy Hanlon

(Name of Person)

Alley, Maass, Rogers & Lindsay, P.A.

(Firm/Company)

340 Royal Poinciana Way, Suite 321

(Address)

Palm Beach, Florida 33480

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Timothy Hanlon

(Name of Person)

561

at ( )

659-1770

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

5 Golfview Rd., LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/07/2022

(Date registered with Florida Department of State)

M22000010501

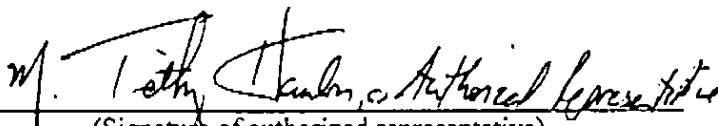
(Florida Document Number)

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.

  
(Signature of authorized representative)

M. Timothy Hanlon

(Typed or printed name of signer)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00