## 220000/09/09

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiness Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: August        | 15, 2022      | Account#. 1200000000       |  |  |
|---------------------|---------------|----------------------------|--|--|
| Name: David \$      | Shulman       |                            |  |  |
| Reference #:        | 1763199       |                            |  |  |
| Entity Name:        | EMAC          | BOWDEN POINTE LLC          |  |  |
| _                   |               | ation to Transact Business |  |  |
| Amendment           |               |                            |  |  |
| ☐ Change of Agent   | :             | ISSUES? CALL               |  |  |
| Reinstatement       |               | David:                     |  |  |
| ☐ Conversion        |               | 850-270-0082               |  |  |
| ☐ Merger            |               |                            |  |  |
| ☑ Dissolution/Witho | drawal        |                            |  |  |
| ☐ Fictitious Name   |               |                            |  |  |
| Other               |               |                            |  |  |
|                     |               |                            |  |  |
|                     |               |                            |  |  |
| Authorized Amount:  | \$25.00       | 0                          |  |  |
| Signature:          | David Shulman |                            |  |  |



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Account#: 120000000088 August 15, 2022 Date: **David Shulman** Name: 1763199 Reference #:\_\_\_\_ **EMAC BOWDEN POINTE LLC** Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion 🗌 Merger ✓ Dissolution/Withdrawal Fictitious Name Other \_\_\_\_ Authorized Amount: \$25.00 David Shulman

Signature:

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| EMAC BOWDEN POINTE LLC  |             |             |        |
|---|-------------|-------------|--------|
| (Name of limited liability company)   |             |             | _      |
| DELAWARE  |             |             |        |
| (Jurisdiction of its organization)  |             |             | _      |
| 7/13/2022   |             |             |        |
| (Date registered with Florida Department of State)  |             |             | _      |
| M22000010909  |             |             |        |
| (Florida Document Number)   |             |             | _      |
| This limited liability company is withdrawing its certificate of authority in this stat   | le.         |             |        |
| 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 |             |             |        |
| more than 90 days after filing.)  |             |             |        |
| Note: If the date inserted in this block does not meet the applicable statutory filing    | -           |             |        |
| this date will not be listed as the document's effective date on the Department of S      | tate s re   | coras.      |        |
|   |             |             |        |
| /s/ T. Gregory Ehrhard  |             |             |        |
| (Signature of authorized representative)  | -           |             |        |
| (Signature of authorized representative)  | <u></u> -   | 202         |        |
|   |             | 2<br>A      | Fl     |
| T. Gregory Ehrhard  | A.T.        | 2022 AUG 16 | -      |
| (Typed or printed name of signce)   | ţ<br>-      |             | П      |
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Filing Fee: \$25.00