M22000010955

| (Re | equestor's Name) | |
|-------------------------|------------------------|-----|
| (Λα | daress) | |
| (AC | 101622) | |
| (Ac | ddress) | |
| (Cil | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT M | AIL |
| (Bu | usiness Entity Name) | |
| | | |
| (De | ocument Number) | |
| ·: Copies | Certificates of Status | |
| al Instructions to Fili | ng Officer: | |
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Office Use Only



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FILED

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

ACCOUNT NO. : I2000000195 REFERENCE : 609064 4304045 AUTHORIZATION : COST LIMIT : ORDER DATE: March 23, 2023 ORDER TIME : 9:30 AM ORDER NO. : 609064-010 CUSTOMER NO: 4304045 FOREIGN FILINGS NAME: AVPM FL PC 16 LLC __ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

COVER LETTER

| то: | Registration Division of | n Section Corporations | | |
|----------|-----------------------------|---|--------------------------------------|--|
| SUBJE | | FL PC 16 LLC | | |
| SUBJE | CI; | (Name of Fo | reign Limited Liability | Company) |
| Dear Si | r or Madam: | | | |
| The enc | losed withdr | awal and fee(s) are submitt | ed for filing. | |
| Please r | eturn all corr | respondence concerning this | s matter to the followin | g: |
| Rebec | ca Saferste | in | | |
| | | (Name of Person) | | _ |
| Arnall | Golden Gre | gory LLP | | |
| | | (Firm/Company) | | _ |
| 171 17 | th Street N | W Suite 2100 | | |
| | | (Address) | | _ |
| Atlanta | ı, GA 30363 | i. | | |
| | | (City/State and Zip Coo | de) | _ |
| For furt | her informati | on concerning this matter. | please call: | |
| Rebec | ca Saferste | n | 404 at (| 870-5602 |
| | (N | ame of Person) | | & Daytime Telephone Number) |
| | Division of P.O. Box | on Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclose | d is a check | for the following amount: | : | |
| □\$25 F | Filing Fee | S30 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

| AVPM FL PC 16 | LLC | | | |
|--|--|----------------------------|---------------|---|
| | (Name of limited liability company) | | | _ |
| Delaware | | | | |
| | (Jurisdiction of its organization) | | | _ |
| July 14, 2022 | | | | |
| | (Date registered with Florida Department of State) | | | _ |
| M22000010955 | | | | |
| | (Florida Document Number) | | | _ |
| This limited liab | ility company is withdrawing its certificate of authority in this st | ate. | | |
| (If an effective of more than 90 da Note: If the date | fother than the date of filing: ate is listed, the date must be specific and cannot be prior to date as after filing.) inserted in this block does not meet the applicable statutory filir be listed as the document's effective date on the Department of | ng requir | g or ement | |
| _ E | (Signature of anthorized representative) | 1385 to 1 | 2023 HAR 24 | £ |
| - | (Typed or printed name of signee) | ARY OF STATI WASSEE, FL | 24 AM 10: 1 | |

Filing Fee: \$25.00