

M220000134425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

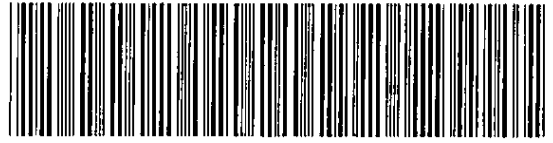
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/05/2024

Acc#120160000072

eric DW

Name:	OPFL Owner LLC
Document #:	
Order #:	15790844

Certified Copy of Arts & Amend:	<input type="checkbox"/>	08/05/2024 11:26	
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Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPFL Owner 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:

Kaitlyn Bennett

(Name of Person)

AJ Capital Partners

(Firm/Company)

133 N. Jefferson Street Fl 4

(Address)

Chicago, IL 60661

(City/State and Zip Code)

For further information concerning this matter, please call:

Kaitlyn Bennett at (312) 267-4185

(Name of Person) (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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OPFL Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/25/2022

(Date registered with Florida Department of State)

M22000013425

(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)

Benjamin Weprin

(Typed or printed name of signee)

Filing Fee: \$25.00