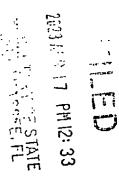
M21000014257

(Requestor's Name)						
(Address)						
(Address)						
(City	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



200405819912





Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE	04/17/2023	_ **	WALK IN**			
ENTITY NAME 2102 Shannon Owner LLC						
DOCU	**PLEASE FILE THE ATTACHED AND RETURN** X X X Plain Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certificate Copy of Aris & Amendments Certificate Of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Reflecting: **APOSTILLE' / NOTARIAL CERTIFICATION** PLA OF DESTINATION R OF CERTIFICATES REQUESTED					
		PLEASE FILE THE ATTACHED AND RETURN				
XXX	xxx_	•				
						
	/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	_			
		_ Certified Copy of Arts & Amendments				
		Certified Copy of Arts & Amendments Complete File (Including Annual Reports)				
		Certificate of Status				
		Certificate of Status Reflecting:				
		APOSTILLE' / NOTARIAL CERTIFICATION				
11017106		LO ALQUILOTEV				
TOTAL	OWED \$ 25.00	ACCOUNT # 120160000072	Wet			
Please	call Tina at the	e above number for any issues or concerns. Thank you so much:	/			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2102 Shannon	Owner LLC		
	(Name of limited liability	company)	
Delaware			
	(Jurisdiction of its organ	ization)	
September 13,	2022		
	(Date registered with Florida Dep	artment of State)	
M2200001425	7		
	(Florida Document Nu	mber)	
This limited !	liability company is withdrawing its certific	ate of authority in this	s state.
Effective Dat	te, if other than the date of filing:		(ontional)
Note: If the d	days after filing.) late inserted in this block does not meet the not be listed as the document's effective da	applicable statutory fi te on the Department	iling requirements, of State's records.
	(Signature of authorized re		<u></u>
	(Signature of authorized re	presentative)	207
	Michele Conway		20/3 AFR 1
	(Typed or printed name	of signee)	一選「「
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Filing Fee: \$25.00