(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	J. HORNE	
	APR - 4 2023	

Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 628171 8329438

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 31, 2023

ORDER TIME : 9:39 AM

ORDER NO. : 628171-005

CUSTOMER NO: 8329438

FOREIGN FILINGS

NAME: OCALA WORKFORCE UDG

DEVELOPER LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

FO: Registration Division of	i Section Corporations		
Ocala	Workforce UDG Develop	er LLC	
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the followin	g:
William Licko			
	(Name of Person)	<u>. </u>	_
Ulysses Developn	nent Group		
	(Firm/Company)		_
210 University Bo	ulevard, Suite #460		
	(Address)		_
Denver, CO 80206	5		
	(City/State and Zip Cod	e)	-
or further informati	on concerning this matter. p	lease call:	
		at (_)
(N)	ame of Person)	(Area Code 8	& 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
Enclosed is a check	for the following amount:		
□\$25 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

cala Workforce UDG Developer LLC
(Name of limited liability company)
Florida
(Jurisdiction of its organization)
1/29/2022
(Date registered with Florida Department of State)
22000017756
(Florida Document Number)
fective Date, if other than the date of filing:
James a. Di
(Signature of authorized representative)
Jonathan Gruskin
(Typed or printed name of signee)

Filing Fee: \$25.00