

M22000018727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

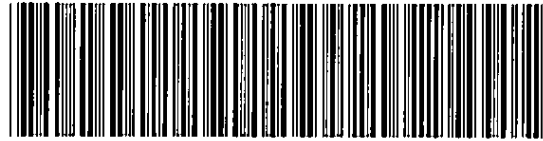
(Document Number)

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RECEIVED  
2024 JAN 25 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2024 JAN 25 PM 3:21  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT

01/25/24

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

ACCOUNT NO. : I200000000195  
REFERENCE : *Frank Coleman*  
AUTHORIZATION :  
COST LIMIT : \$ 25.00

ORDER DATE :  
ORDER TIME :  
ORDER NO. :  
CUSTOMER NO:

2004 11 5 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FL  
ED

FOREIGN FILINGS

NAME: Delray C201 Titleholder, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON:

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Delray C201 Titleholder, 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:

Chris Galvanauskas

\_\_\_\_\_  
(Name of Person)

DLA Piper LLP (US)

\_\_\_\_\_  
(Firm/Company)

444 W. Lake St., suite 900

\_\_\_\_\_  
(Address)

Chicago, IL 60606

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Galvanauskas

\_\_\_\_\_  
(Name of Person)

312

368-3406

at (\_\_\_\_\_) \_\_\_\_\_

(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

2026 JUN 15 AM 10:00  
FILED  
STATE  
OFFICE  
TALLAHASSEE, FL

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Delray C201 Titleholder, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/15/2022

(Date registered with Florida Department of State)

M22000018727

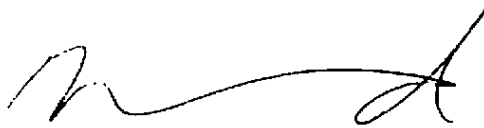
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state

Effective Date, if other than the date of filing: \_\_\_\_\_ (option ☒)

(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)

Marnie C. Helfand

(Typed or printed name of signee)

Filing Fee: \$25.00