

M23 00000 3624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

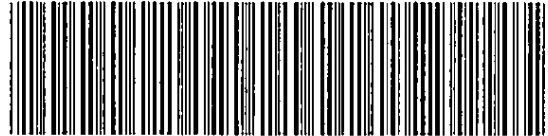
(Business Entity Name)

(Document Number)

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2024 AUG -6 AM 9:46

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TALLAHASSEE, FLORIDA

2024 AUG -6 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Date:** 08/05/2024  
Acc#120160000072

*en: c DW*

Name:	8038 and 165 Owner LLC
Document #:	
Order #:	15790768

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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W.P. Verifier \_\_\_\_\_  
Ref# \_\_\_\_\_

Amount: \$ **25.00**

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8038 and 165 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

312

267-4185

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

\_\_\_\_\_  
(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

8038 and 165 Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/21/2023

(Date registered with Florida Department of State)

M23000003624

(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**