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(Re	equestor's Name)	
(Àd	idress)	
(Ad	ddress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Đơ	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filir	ng Officer:	

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 881185 5061120

AUTHORIZATION : Commence state of the state

COST LIMIT : \$ 25.00

ORDER DATE : July 17, 2023

ORDER TIME : 8:25 AM

ORDER NO. : 881185-005

CUSTOMER NO: 5061120

FOREIGN FILINGS

NAME: 2825 WYNWOOD MM, LLC

CORPORATE
LIMITED PARTNERSHIP

XXX 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#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2825 Wynwood MM, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
March 28, 2023	
(Date registered with Florida Department of State)	
M23000003961	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in th	is state.
Effective Date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Department	t of State's records.
(Signature of authorized representative)	_ _
·	20/
Brian Aronson	- ,
(Typed or printed name of signce)	
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Filing Fee: \$25.00