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PICK-UP	WAIT	MAIL.
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Certified Copies	Certificates o	of Status
Special Instructions to Filing	g Officer:	
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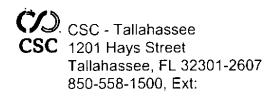


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To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 07/11/24 Order #: 1553543-2 Re: Versa Pointe LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH

misdene. Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VERSA POINTE LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	2(
AUGUST 11, 2023	2024 J.
(Date registered with Florida Department of State)	
M23000010672	۽ و
(Florida Document Number)	
	. O
This limited liability company is withdrawing its certificate of authority in this state.	ΩJ CU
······································	ptional)
(If an effective date is listed, the date must be specific and cannot be prior to date of fi	iling or
more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing rec	nuirements
this date will not be listed as the document's effective date on the Department of State	
(Signature of authorized representative)	
Michael Schlossman	
(Typed or printed name of signee)	

Filing Fee: \$25.00