

m23000011394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

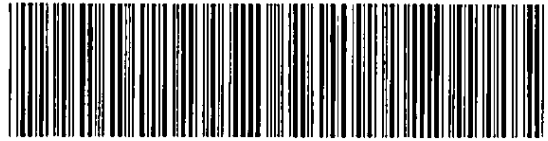
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC withdrawn

2024 MAR -7 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR -7 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

A. RAMSEY

MAR 8. 2024



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 03/07/24  
Order #: 1444654-1  
Re: 187 NW 28th Street MM, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

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

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the text 'I20000000195' and 'AUTH'.

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.

FILED  
2024 MAR -7 PM 12 22  
CLERK OF COURT  
STATE OF FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

187 NW 28th Street MM, LLC  
\_\_\_\_\_  
(Name of limited liability company)

Delaware  
\_\_\_\_\_  
(Jurisdiction of its organization)


September 1, 2023  
\_\_\_\_\_  
(Date registered with Florida Department of State)

M23000011394  
\_\_\_\_\_  
(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)

Brian Aronson  
\_\_\_\_\_  
(Typed or printed name of signee)