

M24000008251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

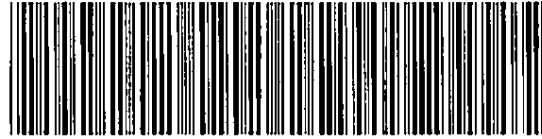
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
AUG 23 2024

Office Use Only



200434530082

FILED  
2024 AUG 22 AM 10:24  
STATE  
2024 AUG 22 PM 3:31  
MULTIMETER



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 08/22/24  
Order #: 1600929-2  
Re: Cc Marq Tic 2, LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over a circular stamp or seal.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal  
Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
120000000195

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.

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CC Marq TIC 2, 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:

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

GREENWILLOW LANE LLC

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

12416 Del Vino Court

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

San Diego, CA 92130

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

For further information concerning this matter, please call:

Francesco Simone

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

858

205-3021

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

FILED  
2024 AUG 22 AM 10:24  
STATE

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CC Marq TIC 2, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

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

06/26/2024

\_\_\_\_\_  
(Date registered with Florida Department of State)

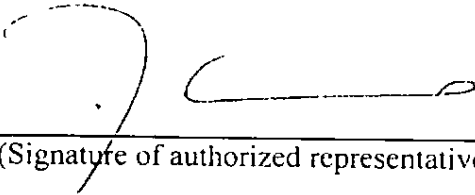
M24000008251

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

Francesco Simone

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

WD-84113

**Filing Fee: \$25.00**

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(Name of Person) (Area Code & Daytime Telephone Number)

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