

M240000611725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

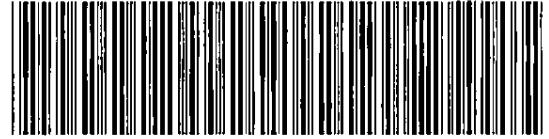
(Document Number)

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

Special Instructions to Filing Officer

J. DENNIS  
11/20/24

Office Use Only



800438042048

FILED

2024 NOV 20 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV 20 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lake Griffin Reserve 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:

Lauren Lefebvre

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

Artemis Real Estate Partners

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

5404 Wisconsin Avenue Suite 1000

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

Chevy Chase, MD 20815

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

For further information concerning this matter, please call:

Leslie Schillig

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

813 222-5907  
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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lake Griffin Reserve Owner, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 12, 2024

(Date registered with Florida Department of State)

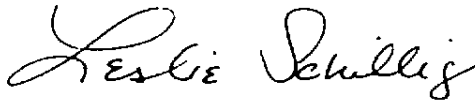
M24000011725

(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)

Leslie Schillig

(Typed or printed name of signee)

FILED  
2024 NOV 20 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

CSC WD-10618