

12/17/24, 3:20 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**M24 000014683**

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : URS AGENTS LLC  
 Account Number : I20150000127  
 Phone : (800)567-4397  
 Fax Number : (800)567-4398

2024 DEC 17 AM 8:10  
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LLC DISSOLUTION OR WITHDRAWAL  
 WEB 219 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

*Wmills*

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WEB 219 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:

MICHELLE IACONIS  
\_\_\_\_\_  
(Name of Person)

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

4210 LANDIS AVENUE  
\_\_\_\_\_  
(Address)

SEA ISLE CITY, NJ 08243  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOELLE CHURIK at 800 567-4397  
\_\_\_\_\_  
(Name of Person) (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

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### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WEB 219 LLC

(Name of limited liability company)

NEW JERSEY

(Jurisdiction of its organization)

NOVEMBER 19, 2024

(Date registered with Florida Department of State)

M24000014683

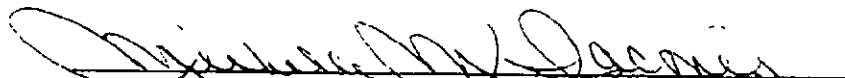
(Florida Document Number)

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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)

Michelle M Taconis  
(Typed or printed name of signee)

Filing Fee: \$25.00

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