M99000000 608

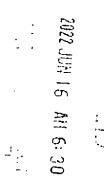
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2021

HOWARD MARGOLIS 13925 OLD COAST RD, UNIT 602 NAPLES, FL 34110

SUBJECT: CLEVELAND MEADOWS, LLC

Ref. Number: M99000000608

We have received your document for CLEVELAND MEADOWS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 421A00012296

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CLEVELAND Meadows, 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:		
Howard S. Margolis	_	
CLEVE AND Meadows LLC (Firm/Company)	_	
13925 OLD COXIT Rd UNIT 602		
NAples FL 34110 (City/State and Zip Code)	_	
For further information concerning this matter, please call:		
(Name of Rerson) at (414) 2762122 (Name of Rerson) (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 & □\$55 Filing Fee & Certificate of Status Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	
Previously sent		

2022 JUN 16 AH 6: 30

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)		
(Name of limited liability company)		
(Jurisdiction of its organization)		
(Jurisdiction of its organization)		
(Date registered with Florida Department of State)		
(Date registered with Florida Department of State)		
M99 00000 608 (Florida Document Number)		
(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.		
Mull M		
(Signature of authorized representative)		
(Typed or printed name of signee)		
(Typed or printed name of signee)		

Filing Fee: \$25.00