

# M220000007365

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

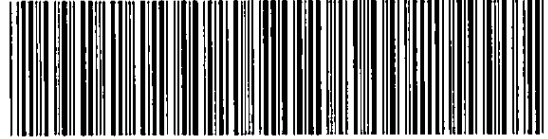
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200419579352

FILED  
2023 DEC 28 PM 12:45  
SOUTH FLORIDA  
FALL LASSIEE, FLORIDA

RECEIVED  
2023 DEC 28 PM 4:35  
SOUTH FLORIDA  
FALL LASSIEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 12/28/2023

Acc#120160000072

*eric DW*

Name:	LEMONADE MM BONITA SPRINGS LLC
Document #:	
Order #:	15294648 - 10

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LEMONADE MM BONITA SPRINGS LLC

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

Delaware

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

05/11/2022

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

M22000007365

\_\_\_\_\_  
(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: 12/31/2023 (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.

*Kara Korosec*

\_\_\_\_\_  
(Signature of authorized representative)

KARA KOROSEC, MANAGER

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

FILED  
2023 DEC 28 PM 12:46  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00