M23000000865

| (Re | questor's Name) | | |
|------------------------------------|----------------------|---------------|--|
| (Ad | ldress) | | |
| (Ad | dress) | | |
| (Cri | y/State/Zip/Phone #1 | · | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Name) | | |
| (Do | ocument Number) | | |
| Tied Copies Certificates of Status | | | |
| : al Instructions to Filir | ng Officer: | <u>.</u> | |
| | | | |
| | | | |
| | | | |

Office Use Only



100401249671

TILED

2003 FTS -2 AM 10: 29



CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Acc#I20160000072

02/02/2023

Date:

wie SW

| ₋ | | |
|---|------------------------|--|
| Name: | ESS-FLAGSHIP PORT ORAN | IGE FL SUB LLC |
| Document #: | | |
| Order #: | 14743241 | |
| | | |
| Certified Copy of Arts & Amend: | | |
| Plain Copy: | | |
| Certificate of Good | <u> </u> | |
| Standing: | | |
| Certified Copy of | | |
| Apostille/Notarial Certification: | Country of Destination | on: |
| | Number of Certs: | |
| Filing: 🗸 | Certified: | Email Address for Annual Report Notification |
| , <u>, , , , , , , , , , , , , , , , , , </u> | Plain: | \[|
| | | |
| | COGS: | |
| | | |
| Availability | | |
| Document | Amount: \$ 25.00 | |
| Examiner | | |
| Updater | | |
| Verifier W.P. Verifier | | |
| Ref# | | |
| | • | |

Thank you!

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| ESS-FLAGSH | IP PORT ORANGE FI | L SUB LLC | | |
|---|--|---|---|-------------------------|
| | | (Name of limited liabil | ity company) | |
| DELAWARE | | | | |
| | | (Jurisdiction of its or | ganization) | |
| 1/23/2023 | | | | |
| | (Date r | registered with Florida | Department of State) | |
| M2300000086 | 5 | | | |
| | <u>-</u> | (Florida Document | Number) | |
| This limited | liability company is | s withdrawing its cert | ificate of authority in t | this state. |
| (If an effecti more than 90 Note: If the |) days after filing.) date inserted in this | date must be specifi block does not meet | c and cannot be prior to the applicable statutor e date on the Departme | ry filing requirements. |
| | AN June 1 | Signature of authorize | ed representative) | |

Filing Fee: \$25.00