

	(Requestor's Name)	-
<u></u>	(Address)	
	(Address)	
	(* tad/055)	
		
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	<u>.</u>
	(Document Number)	<u> </u>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: March 29, 2022	Account#: I2000000088	
Name: GREG PINTACUDA		
Reference #:		
Entity Name: REPLACEMENT GP FLORIDA, LLC	<u> </u>	
Articles of Incorporation/Authorization to Transact Busine	:SS	
Amendment		
Change of Agent		
Reinstatement		
Conversion		
☐ Merger		
☑ Dissolution/Withdrawal		
☐ Fictitous Name		
✓ Other Apon filing please provide certification	ed copy	
Authorized Amount: \$55		
Signature:		

-1.212.947.7200

+44 (0)20 3786.1090



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 March 29, 2022 Name: GREG PINTACUDA 1628286 Reference #:____ Entity Name: REPLACEMENT GP FLORIDA, LLC Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger ✓ Dissolution/Withdrawal Fictitous Name Apon filing please provide certified copy ✓ Other Authorized Amount:

+1.212.947.7200

Signature:

COVER LETTER

TO:

	tion Section of Corporations		
SUBJECT:	Repla	acement GP Florid	a, LLC
	(Name of Fo	reign Limited Liability (Company)
Dear Sir or Mada	ım:		
The enclosed with	hdrawal and fee(s) are submitte	ed for filing.	
Please return all c	correspondence concerning this	s matter to the following:	:
	Joanne D. Flanaga	n	
	(Name of Person)		
	JDF, LLC		
	(Firm/Company)		•
	777 West Putnam Ave	enue	
	(Address)		
	Greenwich, CT 068	30	
	(City/State and Zip Co	de)	
For further inform	nation concerning this matter, p	olease call:	
Sa	amantha Anderes	at (<u>203</u>) 869-0900 Daytime Telephone Number)
	(Name of Person)	(Area Code &	Daytime Telephone Number)
	T/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Division Clifton I	of Corporations	Division of Corporations P.O. Box 6327	
2661 Ex	ecutive Center Circle see, Florida 32301		assee, Florida 32314
Enclosed is a cho	eck for the following amount:	:	
□ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Replacement GP Florida, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
December 30, 2015		
(Date registered with Florida Department of State)		,
M15000010390		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this s	state.	
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)	(option	
Note: If the date inserted in this block does not meet the applicable statutory filithis date will not be listed as the document's effective date on the Department of		
Smetaho	36.	2022 IUAR 29
(Signature of authorized representative)	□. : :: ::	:R 29
Samantha Anderes		
(Typed or printed name of signee)	- -	ङ

Filing Fee: \$25.00