## F1000000038/

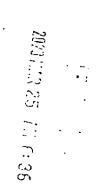
(Requestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: MIKE O'BRIEN +	- <sup>C</sup> om م الإندرة الم om م الإندرة الم come of Corporation)
'	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed withdrawal application and for	ee are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
MICHAEL D'BRIEN	
MICHAEL D'BRIEN	(Name of Person)
MIKE O'BRIED + CO	(Firm/Company)
	(Firm/Company)
6520 EAST BAY B	(Address)
	(Address)
GULF BREFEF FL	32 <i>56</i> 3
(Ci	32563 ty/State and Zip code)
For further information concerning this matter	er, please call:
MICHAEL D'BRIEN	at (678) 296 - 3380 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount: (ALA	EADY SUBMITTED)
Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee.  Certified Copy Certificate of Status & Certified  (Additional copy is Enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

MIKE O'BRIEN + COMPANY, PC.
(Name of Corporation)

		(Document Number of Corporation (if known)	
G	A 8-	1-93	
	(Incorporated Under	Laws of and date authorized to transact business	/conduct its affairs)
•	_	sacting business or conducting affairs wi y to transact business or conduct affairs in	
appoints the De	epartment of State	hority of its registered agent in Florida as its agent for service of process based or business or conduct affairs in Florida.	
The following	is a current mailing	g address for the corporation:	
65	20 EAST	BAY BLVD. (Mailing Address)	2023)
		(	2023 Lin 25
<u> </u>	UP BREEZ	(City/ State /Zip)	2.1 - 2.7 2.1 - 2.7 2.3 - 2.7 4.0
The corporation	on agrees to notify the	he Department of State in the future of an	y change in its mailing address.
(Signature	charl b'-	3 or other officer - if in the hands of a	-/y - 2 <u>y</u>
receiver	or other court appointed f	fiduciary, by that fiduciary)	
ha / C	HAEL O'B' Typed or printed name of	A /	(Title of person signing)

**FILING FEE \$35** 



March 6, 2024

MICHAEL O'BRIEN 6520 EAST BAY BLVD. GULF BREEZE, FL 32563

Ref. Number: F100000381

We have received your document for and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ARTICLES OF DISSOLUTION, but your entity is a WITHDRAWAL. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 024A00004863



January 8, 2024

MICHAEL O'BRIEN 6520 EAST BAY BLVD. GULF BREEZE, FL 32563

Ref. Number: 900420161309

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Bearing to James

We have received your document for and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

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

you have any questions concerning the filing of your document, please call ,(85<u>0)</u> 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 524A00000396

\* 43.75 W/b refunded.

read to dissolve in the.