F22000007683

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

	ent Section of Corporations		
SUBJECT: Diso	olve/Withdraw Georgia Thane In	ne from Florida	
		(Name of Corporation)	
DOCUMENT N	UMBER: F22000007683		
The enclosed with	hdrawal application and t	fee are submitted for filing	y.
Please return all c	correspondence concerning	this matter to the followi	ng:
Chyle Hel	lm		
		(Name of Person)	
Georgia T	hane luc		
		(Firm/Company)	
2421 SE U	University Drive	_ 	
		(Address)	
Port Saint	t Lucie Florida 34952		
	(C	Tity/State and Zip code)	
For further inforn	nation concerning this mat	ter, please call:	
Chyle Helm		702 809-8	R716 & Daytime Telephone Number)
(N	lame of Person)	(Area Code &	& Daytime Telephone Number)
Enclosed is a che-	ck for the amount:		
■ \$35 Filing Fee	See □ \$43.75 Filing Fee & Certificate of Status		☐ S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Division of P.O. Box	ent Section of Corporations	Street Address: Amendment Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Illahassee Street, Suite 810

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

Georgia Thane Inc

(Name of Corpo	ration)
F22000007683	
(Document Number of Corpo	oration (if known)
3/11/2023	
(Incorporated Under Laws of and date authorized to	transact business/conduct its affairs)
nis corporation is no longer transacting business or condu- oluntarily surrenders its authority to transact business or co	
nis corporation revokes the authority of its registered ago opoints the Department of State as its agent for service of pone it was authorized to transact business or conduct affairs	rocess based on a cause of action arising during the
ne following is a current mailing address for the corporation	LOS HAT
2421 SE University Terrace	
(Mailing Addr	6: 52 CORNU
Port Saint Lucie Florida 34952	P
(City/ State /Z	ip)
ne corporation agrees to notify the Department of State in t	the future of any change in its mailing address.
Chule Helm	3/1/2024
(Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary)	(Date)
Chyle Helm	Chief Operations Officer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35