

M 00 000002377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

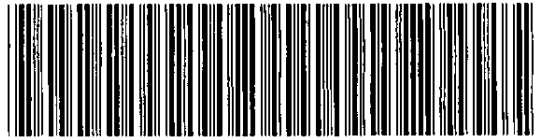
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400279235524

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 NOV 18 AM 10: 56
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 NOV 18 AM 7: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2015
J SHIVERS

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2015

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: OAKHURST GP, LLC
Ref. Number: M00000002377

We have received your document for OAKHURST GP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 315A00024431

RECEIVED
REGISTRATION OF STATE
15 NOV 20 PM 2: 27

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 876994 7232314

AUTHORIZATION :

COST LIMIT : \$20.00

Louise

ORDER DATE : November 18, 2015

ORDER TIME : 10:20 AM

ORDER NO. : 876994-010

CUSTOMER NO: 7232314

DOMESTIC FILINGS

NAME: OAKHURST GP, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Oakhurst GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

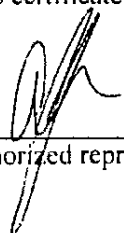
November 15, 2000

(Date registered with Florida Department of State)

M00000002377

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Anisa Bekteshi

(Typed or printed name of signee)

SECRETARY OF STATE
FALL ANNUAL STATE
FLORIDA
15 NOV 18 AM 7:15
11:00

Filing Fee: \$25.00