

MO200000079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

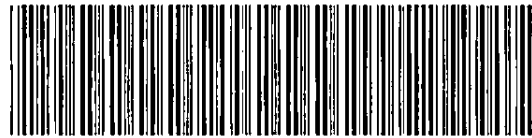
(Document Number)

Copies _____

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Instructions to Filing Officer:

Office Use Only



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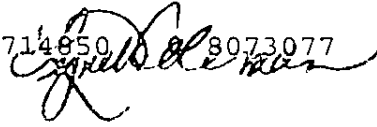
2023 MAY -2 PM 1:07



FLORIDA DEPARTMENT OF BANKING AND FINANCE

2023 MAY -2 PM 3:21

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

ACCOUNT NO. : I20000000195
REFERENCE : 714850 8073077
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 2, 2023
ORDER TIME : 1:20 PM
ORDER NO. : 714850-005
CUSTOMER NO: 8073077

FOREIGN FILINGS

NAME: FORMATION CAPITAL ASSET
MANAGEMENT, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORMATION CAPITAL ASSET MANAGEMENT, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nela Powell

(Name of Person)

Formation Capital LLC

(Firm/Company)

3550 Lenox Rd NEFI 21 # 6345

(Address)

Atlanta, GA 30326-4334

(City/State and Zip Code)

For further information concerning this matter, please call:

Nela Powell

(Name of Person)

770 7545099
at (_____) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

2023 MAR -2 PM 1:07

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Formation Capital Asset Management, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01.07.2002

(Date registered with Florida Department of State)

M02000000079

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

/s/Nela Powell

(Signature of authorized representative)

Nela Powell

(Typed or printed name of signee)

Filing Fee: \$25.00