## M04000003062

(Re	equestor's Name)			
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10:	ity/State/7in/Dhana #\			
(CI	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				

Office Use Only



000413407950

2023 AUG 22 AM II: 33

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

REFERENCE: 934550 5167843

AUTHORIZATION :

COST LIMIT : \$ 25.00

ACCOUNT NO. : I2000000195

ORDER DATE: August 11, 2023

ORDER TIME : 9:10 AM

ORDER NO. : 934550-065

CUSTOMER NO: 5167843

## FOREIGN FILINGS

NAME: FLOWERS SPECIALTY FOODSERVICE

SALES, LLC

\_\_\_ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX \_\_\_ PLAIN STAMPED COPY CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_

## **COVER LETTER**

	gistration rision of (	Section Corporations		
SUBJECT:	Flowers	Specialty Foodservice	Sales, LLC	
(Name of Foreign Limited Liability Company)				
Dear Sir or M	Madam:			
The enclosed	d withdra	wal and fee(s) are submitte	d for filing.	
Please return	ı all corre	spondence concerning this	matter to the followin	ıg:
Brenda Sm	nith			
	<del></del>	(Name of Person)		_
Flowers Fo	ods			
		(Firm/Company)		_
1919 Flowe	ers Circle	:		
	_	(Address)		_
Thomasville	e, GA 31	757		
		(City/State and Zip Cod	e)	_
For further in	nformatio	n concerning this matter, p	lease call:	
Brenda Sm	nith		904 at (	518-2949
	(Nar	ne of Person)		& 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 f	or the following amount:		
□\$25 Filing	g Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Flowers Spe	ecialty Foodservice Sales, LLC		
	(Name of limited liability company)		
GA			
<del> </del>	(Jurisdiction of its organization)		
08/02/200	4		
	(Date registered with Florida Department of State)	<del></del>	
M0400000	3062		
	(Florida Document Number)		
This limited	I liability company is withdrawing its certificate of authority in this	state.	
(If an effect more than 9 <b>Note:</b> If the	ate, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to days after filing.)  date inserted in this block does not meet the applicable statutory fill not be listed as the document's effective date on the Department of	ling requirements.	
	Stephanie B. Tilman  30050FCD19F640(Signature of authorized representative)  Stephanie Tillman	2029 AUG 22 TÄLLÄHÄSSE	į
	(Typed or printed name of signee) 08/09/2023   2:16:22 PM EDT	m	T7

Filing Fee: \$25.00