

MO4000004859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

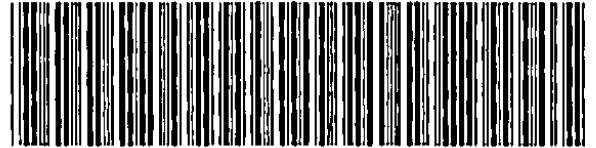
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000318849760

10/04/18--01016--011 \*\*25.01

201 OCT - 11 A 8:08

10/19/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GULF COAST GROUP, 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:

DAVID BRAUN  
(Name of Person)

TOM BARROW COMPANY  
(Firm/Company)

2800 PLANT ATKINSON RD  
(Address)

SMYRNA, GA 30339  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID BRAUN at (404) 351-1010  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED  
JAN 03 11 A 8:08

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

GULF COAST GROUP, LLC  
(Name of limited liability company)

COBB COUNTY, GEORGIA  
(Jurisdiction of its organization)

11/08/2004  
(Date registered with Florida Department of State)

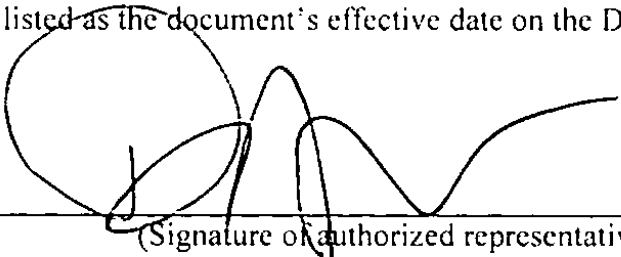
M0400000 4859  
(Florida Document Number)

FILED  
FRI OCT - 11  
8 08 AM

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

Effective Date, if other than the date of filing: 10/15/2018 (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.

  
(Signature of authorized representative)

DAVID BRAUN  
(Typed or printed name of signee)

**Filing Fee: \$25.00**