

MD6000006726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

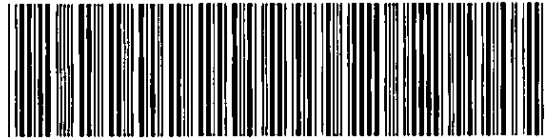
(Business Entity Name)

(Document Number)

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

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2023 JAN 25 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 JAN 25 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/25/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1116142

**ORDER ENTITY**

WCA OF ST. LUCIE, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

WCA OF ST. LUCIE, LLC ( FL )

File the attached withdrawal document and provide a certified copy.

**NOTES:**

\$55.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**TO:** Registration Section  
Division of Corporations

WCA of St. Lucie, 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:

Joshua J. Otto

(Name of Person)

Wyrick Robbins Yates & Ponton LLP

(Firm/Company)

4101 Lake Boone Trail, Suite 300

(Address)

Raleigh, NC 27607

(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua J. Otto

919

781-4000

at (\_\_\_\_\_)

(Name of Person)

(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:**

- ☐ \$25 Filing 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

WCA of St. Lucie, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 6, 2006

(Date registered with Florida Department of State)

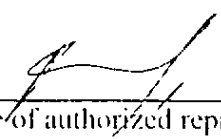
M06000006726

(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.

  
\_\_\_\_\_  
(Signature of authorized representative)

GFL Solid Waste Southeast LLC, its Member, by Patrick Dovigi, President

\_\_\_\_\_  
(Typed or printed name of signee)

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FL