

NO7000004057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

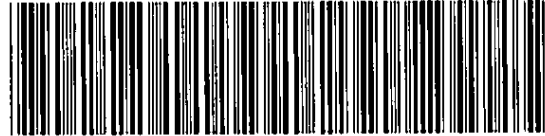
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only




500366116015

RECEIVED  
MAY 13 AM 9:49  
STATE  
TALLAHASSEE, FL 32310

RECEIVED  
MAY 14 2021

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

ACCOUNT NO. : I20000000195  
REFERENCE : 811106 4350891  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : May 12, 2021  
ORDER TIME : 10:33 AM  
ORDER NO. : 811106-015  
CUSTOMER NO: 4350891

FOREIGN FILINGS

NAME: GGNCS ADMINISTRATIVE SERVICES  
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 - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GGNSC Administrative Services 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:

Krista Elmore

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1000 Fianna Way, Ste 208

\_\_\_\_\_  
(Address)

Fort Smith, AR 72919

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Krista Elmore

\_\_\_\_\_  
(Name of Person)

479

201-4840

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:

☐ \$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

GGNSC Administrative Services LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/06/2007

(Date registered with Florida Department of State)

M07000004057

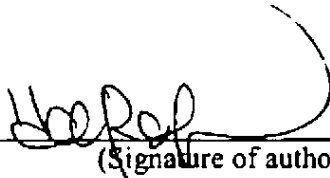
(Florida Document Number)

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)

Holly Rasmussen-Jones

(Typed or printed name of signee)

FILED  
2021 JUL 13 AM 9:49  
TALLAHASSEE, FL  
FLORIDA DEPARTMENT OF STATE