

Mo7000224.059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

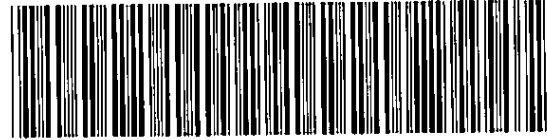
(Business Entity Name)

(Document Number)

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

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Office Use Only



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RECEIVED  
MAY 13 PM 2:06  
TALLAHASSEE, FL 32301

FILED  
MAY 13 AM 9:49  
TALLAHASSEE, FL 32301

MAY 13 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

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ORDER DATE : May 12, 2021

ORDER TIME : 10:33 AM

ORDER NO. : 811106-010

CUSTOMER NO: 4350891  
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FOREIGN FILINGS

NAME: GOLDEN GATE ANCILLARY 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: Alexxis Weiland - EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Golden Gate Ancillary 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 479 201-4840  
\_\_\_\_\_  
(Name of Person) 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

Golden Gate Ancillary LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/06/2007

(Date registered with Florida Department of State)

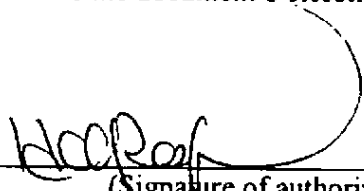
M07000004059

(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)

STATE  
OF FLORIDA  
JUL 13 AM 9:49  
FILED

Filing Fee: \$25.00