

# M08000000289

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

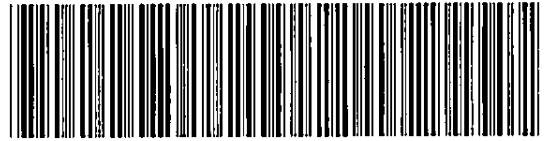
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2024 DEC 12 AM 10:42  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 DEC 12 PM 2:51  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953

**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** 12/12/2024

**PRIORITY** Routine

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

**ORDER ENTITY**

**RODAN & FIELDS, LLC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**RODAN & FIELDS, LLC**

Please file the attached withdrawal filing.

**NOTES:**

\$25.00 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,



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RODAN & FIELDS, 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:

MARJORIE GOUX  
\_\_\_\_\_  
(Name of Person)

RODAN & FIELDS, LLC  
\_\_\_\_\_  
(Firm/Company)

3001 Bishop Drive, Suite 450  
\_\_\_\_\_  
(Address)

San Ramon, CA 94583  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marjorie Goux at ( 415 ) 273-8000  
\_\_\_\_\_  
(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

RODAN & FIELDS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

01/17/2008

(Date registered with Florida Department of State)

M08000000289

(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.

*Marjorie Goux*

(Signature of authorized representative)

Marjorie Goux

(Typed or printed name of signee)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2024 DEC 12 AM 10:42

FILED

Filing Fee: \$25.00