

M090000004071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
2023 MAY -5 PM 12:58
TALLAHASSEE, FL
CLERK OF STATE

RECEIVED
2023 MAY -5 AM 10:29
TALLAHASSEE, FL
CLERK OF STATE

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/05/2023

****WALK IN****

ENTITY NAME THE GORMAN GROUP, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # I20160000072

Am: L JH

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GORMAN 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:

Teresa A Matuszyk

(Name of Person)

THE GORMAN GROUP, LLC

(Firm/Company)

200 Church Street

(Address)

Albany, NY 12202

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Clark 800 567-4397

(Name of Person) at () (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 & ☐ \$55 Filing Fee & ☐ \$60 Filing Fee.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

THE GORMAN GROUP, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

10/14/2009

(Date registered with Florida Department of State)

M09000004071

(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)

Teresa A Matuszk, CFO

(Typed or printed name of signee)

FILED
2009 MAY -5 PM 12:58
CLERK OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00