

M10 000002015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

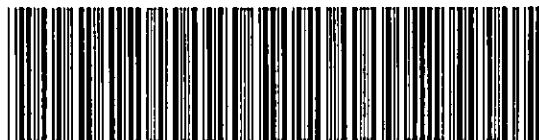
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1. The first group of variables, *demographics*, includes age, sex, and marital status. The second group, *education*, includes years of schooling, high school graduation, and college graduation. The third group, *employment*, includes employment status, occupation, and industry. The fourth group, *income*, includes household income and personal income. The fifth group, *health*, includes self-rated health, physical health, and mental health. The sixth group, *social capital*, includes social network, social support, and social trust. The seventh group, *quality of life*, includes life satisfaction, happiness, and well-being. The eighth group, *healthcare utilization*, includes doctor visits, hospitalizations, and healthcare costs. The ninth group, *health behaviors*, includes smoking, drinking, and exercise. The tenth group, *health outcomes*, includes mortality, morbidity, and disability.

SECRETARY OF STATE
TALLMAGE, JR., ET AL.
2021 APR 15 PM 12:43

APR 15 PM 12

4/20/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 APR 15 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FL

March 29, 2021

JOSEPH R. BUDD
PO BOX 25128
WINSTON-SALEM, NC 27114

SUBJECT: BUDD INVESTMENT PROPERTIES LLC
Ref. Number: M10000002015

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 721A00006540

*Form +
cover letter
is
attached*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Budd Investment Properties, 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:

Joseph R. Budd
(Name of Person)

Budd Investment Properties, LLC
(Firm/Company)

PO Box 25128
(Address)

Winston-Salem, NC 27114
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Budd at (336) 659-5039
(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

CK # 1337

sent on

2/1/21

CK has
cleared

FILED

2021 APR 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Budd Investment Properties LLC
(Name of limited liability company)

North Carolina
(Jurisdiction of its organization)

5/4/2010
(Date registered with Florida Department of State)

M10000002015
(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)

Joseph R. Budd

(Typed or printed name of signee)

Filing Fee: \$25.00