

M10000002521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

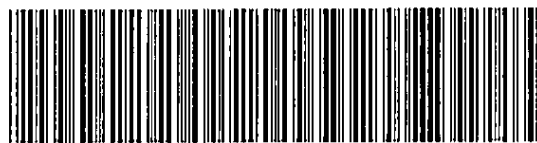
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 06 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 08/05/2019

Name: Jennifer Bialowas

Reference #: 1114962

Entity Name: SP FOREST OAKS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide a certified copy upon filing

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Authorized Amount: 55.00

Signature: 

10

**TO: Registration Section
Division of Corporations**

SUBJECT: SP Forest Oaks, 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:

Attn: Darren Geraghty
(Name of Person)

Silver Point Capital, L.P.
(Firm/Company)

2 Greenwich Plaza, First Floor
(Address)

Greenwich, CT 06830
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at _____
(Name of Person) (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:

<input type="checkbox"/> \$25 Filing Fee	<input type="checkbox"/> \$30 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55 Filing Fee & Certified Copy	<input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SP Forest Oaks, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

June 7, 2010

(Date registered with Florida Department of State)

M10000002521

(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.

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AND
FILED



(Signature of authorized representative)

Michael A. Gatto
Authorized Signatory

(Typed or printed name of signee)

Filing Fee: \$25.00