

MI 00000 3464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

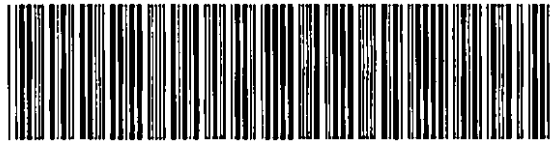
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 10 11:46 AM ***90.00

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Alternate
Name

JUN 10 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEDARS BUSINESS SERVICES, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M11000003464

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SYNTHEIA NAGEL

(Name of Contact Person)

CEDARS BUSINESS SERVICES, LLC

(Firm/Company)

5230 LAS VIRGENES ROAD, #210

(Address)

CALABASAS, CA 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

SYNTHEIA NAGEL

(Name of Contact Person)

at (818) 224-3800
(Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

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



2020 JUN -3 PM 1:49

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2020

SYNTHEIA NAGEL
CEDARS BUSINESS SERVICES, LLC
5230 LAS VIRGENES ROAD - STE. 210
CALABASAS, CA 91302

SUBJECT: CEDAR FINANCIAL, LLC
Ref. Number: M11000003464

We have received your document for CEDAR FINANCIAL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00008503

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of
CEDARS BUSINESS SERVICES, LLC
_____ a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of CALIFORNIA

(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

CEDAR FINANCIAL , LLC

(Alternate Name Renounced in State of Florida)

Syntheia Nagel

05-26-2020

Signature of Authorized Person

Date

**Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

2020 JUN -8 PM 1:46