

M12000003417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

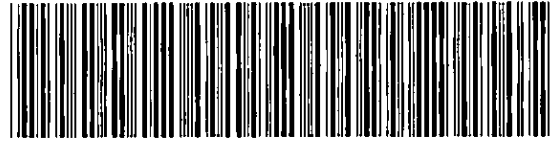
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 NOV 26 AM 11:38

TALLAHASSEE, FLORIDA

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2024 NOV 26 PM 4:33

STATION



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

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 11/26/2024

Name: Cheyanne Davis

Reference #: 2567749

Entity Name: CIG COMP TOWER, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: *Cheyanne Davis*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIG Comp Tower, 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:

(Name of Person)

Cogency Global Inc.

(Firm/Company)

4 Venture, Suite 280

(Address)

Irvine, CA 92618

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Cannella at ()

[illegible]

Allison Cannella at ()

[illegible]**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 & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CIG Comp Tower, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

6/15/2012

(Date registered with Florida Department of State)

M12000003417

(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.

DocuSigned by
Allison Cannella

(Signature of authorized representative)

Allison Cannella

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00