

M12000007197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

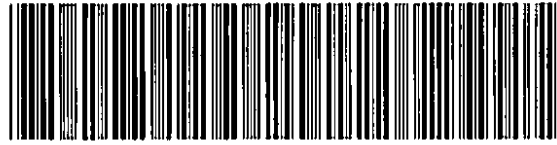
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 NOV - 1 AM 9:05

2022 NOV - 1 PM 4:08



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: **November 01, 2022**

Name: **KEN**

Reference #: **1818525**

Entity Name: **FAIRHOLME PARTNERSHIP GP, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ **Dissolution/Withdrawal**

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

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Authorized Amount: **\$25.00**

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAIRHOLME PARTNERSHIP GP, 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:

Wayne Kellner

(Name of Person)

Fairholme

(Firm/Company)

5966 S Dixie Highway, Suite 300

(Address)

SOUTH MIAMI, FLORIDA 33143

(City/State and Zip Code)

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For further information concerning this matter, please call:

Wayne Kellner

(Name of Person)

at (305) 434 - 7713

(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 & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FAIRHOLME PARTNERSHIP GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/27/2012

(Date registered with Florida Department of State)

M12000007197

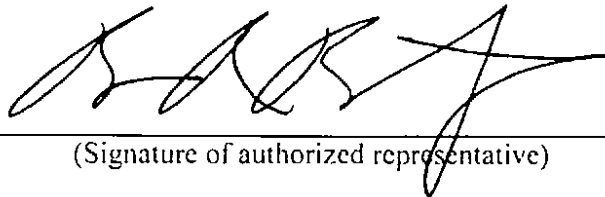
(Florida Document Number)

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)

Bruce R. Berkowitz

(Typed or printed name of signee)

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TALLAHASSEE, FL

Filing Fee: \$25.00