## M1300000 1678

(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nan	ne)
(Docur	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	
		•

Office Use Only

2319-



500342288385

82/20/20--01023---809 ++35.00

COPYY - 7 AH 7:53

C. GOLDEN MAY 1 8 2020

	C	OVER LETTE	CR
TO: Registration Division of	on Section of Corporations		
SUBJECT:	Stephen W.	orelgn Limited Liabilit	y Company)
Dear Sir or Madam	ĸ		
The enclosed witho	frawal and fee(s) are submitted	ted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following	ng:
Stex	hen Wor	d	_
(	(Name of Person)		
	(Firm/Company)		_
9208	Parkview (Address)	Circle	_
Tolar	(City/State and Zip Coo	(T)	_
For further information	tion concerning this matter,	please call:	·
Stephen	Name of Person)	at ( 817 (Area Code	517-4590 & Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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 Fce & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>





April 16, 2020

STEPHEN WORD 9208 PARKVIEW CIRCLE TOLAR, TX 76476

SUBJECT: STEPHEN WORD LLC Ref. Number: M13000001678

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

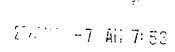
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 920A00007950

Claretha Golden Regulatory Specialist II

www.sunbiz.org



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Stephen Word LL (Name of limited liability company)
(Name of limited liability company)
Delawwe (Jurisdiction of its organization)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M 1300000 167 & (Florida Document Number)
(Florida Document Number)
Effective Date, if other than the date of filing: December 31, 5019 (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, his date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
Stephen Word  (Typed or printed name of signee)

Filing Fee: \$25.00