

M13000002450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

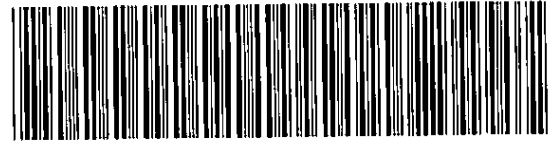
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
APR - 3 2023

Office Use Only



500404661095

RECEIVED
MAY 11 2023

2023 MAR 31 AM 11:00

RECEIVED
MAY 11 2023

2023 MAR 31 AM 10:11

RECEIVED

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/31/2023

Acc#120160000072

W: C D W

Name:	SB Product Group, LLC
Document #:	
Order #:	14863928

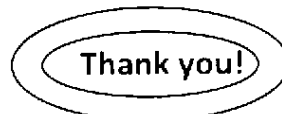
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	25.00
------------	-------



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2023 MAR 31 AM 11:00
FILED
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

SB PRODUCT GROUP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

04/17/2013

(Date registered with Florida Department of State)

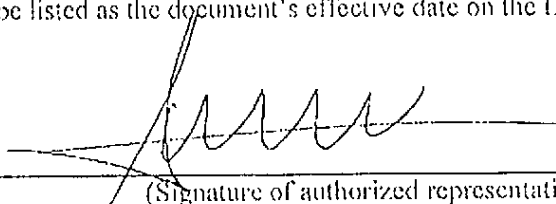
M13000002450

(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: filing date (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)

Maximo Albornett

(Typed or printed name of signee)

Filing Fee: \$25.00