

M130000004213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

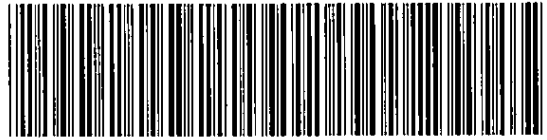
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200400519382

FILED

2023 JAN 26 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED


2023 JAN 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 413701 8156700

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : January 26, 2023

ORDER TIME : 2:16 PM

ORDER NO. : 413701-040

CUSTOMER NO: 8156700

FOREIGN FILINGS

NAME: EIP FLORIDA, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIP Florida, 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:

Nelly Perkins

(Name of Person)

Ecosystem Investment Partners

(Firm/Company)

5550 Newbury Street, Suite B

(Address)

Baltimore, MD 21209

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelly Perkins 410 982-0234

(Name of Person) at (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

FILED

2023 JAN 26 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EIP Florida, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/02/2013

(Date registered with Florida Department of State)

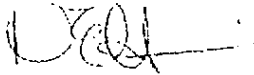
M13000004213

(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)

Nelly Perkins

(Typed or printed name of signee)

Filing Fee: \$25.00