

M13 0000004838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

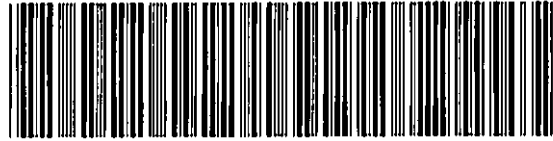
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300340357483

02/07/20--01005--021 \*\*25.00

FILED  
2020 FEB -7 AM 10:26  
SCLEROTIC  
SCLEROTIC

Withdrawal

04 2020

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hawk Drop, 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:

John H. Reynolds, Esq.

(Name of Person)

Reynolds & Reynolds, P.L.

(Firm/Company)

120 S. Olive Ave., Suite 600

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

John H. Reynolds, Esq.

561

683-1033

(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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

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

JH

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hawk Drop, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/02/2013

(Date registered with Florida Department of State)

M13000004838

(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: December 31, 2019 (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)

LISA HAWKINS

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
2020 FEB -7 AM 10:26  
SECRET  
TALLAHASSEE, FLORIDA