M13000005593

(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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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/24/2021		
	Marcel Ogbonna-A	mu	
	1332375		,
		ANTEO GROUP LLC	<u> </u>
☐ Articl		orization to Transact Business	
	nge of Agent		ANY ISSUES, CALL MARCEL:
Reins	statement		(518) 213 - 0826
☐ Conv	rersion		Thank you!
☐ Merg	er		
☑ Disso	olution/Withdrawal		
☐ Fictit	ious Name		
Othe	г		
Authorized A	Amount: \$25 .	00	
Signature: _	Marcel og bo	nece- Harr	

F: +852.2682.9790

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ANTEO GROUP LLC			
(Name of limited liability company)			
GEORGIA			
(Jurisdiction of its organization)			
09/04/2013			
(Date registered with Florida Department of State)			
M13000005593			
(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:	uirențe	ints,	
Lindsey Mitcham (Signature of authorized representative)	A STATE	M 9: 38	
Lindsey Mitcham			
(Typed or printed name of signee)			

Filing Fee: \$25.00

COVER LETTER

Registration Section

TO:

Division of C	Corporations			
SUBJECT:	AN	ITEO GROUP LL	С	
	(Name of Fore	eign Limited Liability Co	ompany)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitted	for filing.		
Please return all corre	spondence concerning this r	natter to the following:		
l	_indsey Mitchar	n		
- . -	(Name of Person)	, , , , , , , , , , , , , , , , , , , 		
The	CSI Companies	s, Inc.		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·		
9995 Gate	Parkway North,	, Suite 100		
	(Address)			
Jac	ksonville, FL 32	2246		
	(City/State and Zip Code)		
For further informatic	on concerning this matter, ple	ease call:		
Lir	ndsey Mitcham	at (904)	9304434	
	me of Person)	//	aytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registral Division P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check t \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to withdraw and cancel the certificate of authority of a foreign limited liability company. The requirements are as follows:

- Pursuant to s. 605.0910. Florida Statutes, the attached withdrawal application must be completed in its entirety.
- The fees are as follows:

\$25.00 Filing Fee \$30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon withdrawal. Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application and check. The mailing address and courier address are noted below.
- ← Please send the application to:

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.