

MIS000009038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

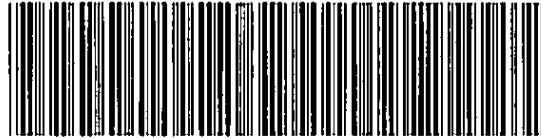
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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RECEIVED  
DIVISION OF CORPORATION  
2023 DEC 18 PM 12:40

RECEIVED  
2023 DEC 18 PM 2:03  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

R. HUNT

12/18/23

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE**, 12/18/2023

**PRIORITY** Regular Approval

**OUR REF #.(Order ID#)**, 1210899

**ORDER ENTITY**

GRANT FLA LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**GRANT FLA LLC (FL)**

File the attached withdrawal document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

2023 DEC 18 PM 12:40  
CLERK OF STATE  
DIVISION OF CORPORATIONS

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

GRANT FLA 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:

Chris Mataja

(Name of Person)

LAFAYETTE

(Firm/Company)

12802 Tampa Oaks Blvd, Suite 101

(Address)

Tampa, FL 33637

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Mataja

212

677-7356

at 4

(Name of Person)

(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

11-10-23  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 DEC 18 PM 12:40

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GRANT FLA LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

12/19/2013

(Date registered with Florida Department of State)

M13000008038

(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.

DocuSigned by:

*Christopher Mataya*

41EC6A3E5AD4417

(Signature of authorized representative)

Chris Mataya

(Typed or printed name of signee)

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
2023 DEC 18 PM 12:40

Filing Fee: \$25.00