

M14000000 953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

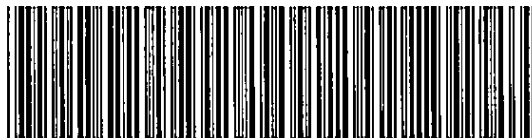
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D BRUCE  
SEP 22 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GEPP'S ENTERTAINMENT MUSEUM AT CAMDEN YARDS, 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:

SHELLY FREDERICK

(Name of Person)

GEPP'S ENTERTAINMENT MUSEUM AT CAMDEN YARDS, LLC  
(Firm/Company)

10150 YORK ROAD, SUITE 300

(Address)

HUNT VALLEY, MD 21030-3344

(City/State and Zip Code)

For further information concerning this matter, please call:

SHELLY FREDERICK

(Name of Person)

443 318-8210

at ( )  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

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2016 SEP 17 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GEPPI'S ENTERTAINMENT MUSEUM AT CAMDEN YARDS, LLC

(Name of limited liability company)

MARYLAND

(Jurisdiction of its organization)

FEBRUARY 10, 2014

(Date registered with Florida Department of State)

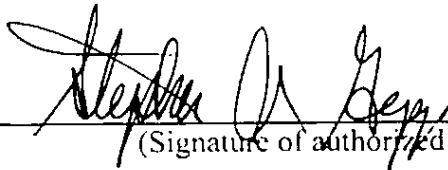
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(Florida Document Number)

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)

STEPHEN A. GEPPI

(Typed or printed name of signee)

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2010 SEP 17 AM 8:24  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**