M14000002711

| (Req | uestor's Name) | |
|---------------------------|-----------------|-------------|
| (Addi | ress) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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T BROWN

COVER LETTER

| TO: Registration Section Division of Corporations | * . | |
|--|---|--|
| SUBJECT: MINUS5 DESTIN, 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: | |
| LARRY Mc GOUGH (Name of Person) | | |
| Money 5 Marage Mont | <u> </u> | |
| 220 S 6 St #1200 (Address) | | |
| MINNAPOLIS, MN 55402 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| LARRY McGarcy at (| (6/2) <u>746-1913</u> rea Code & Daytime Telephone Number) | |
| (Name of Person) (A | rea 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 | |

□ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee,

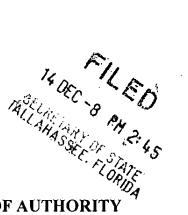
Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$30 Filing Fee &

Certificate of Status



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| MINUS5 DESTIN, LLC |
|---|
| (Name of limited liability company) |
| Nevada |
| (Jurisdiction of its organization) |
| April 21, 2014 |
| (Date registered with Florida Department of State) |
| M14000002711 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) (Typed or printed name of signee) |

Filing Fee: \$25.00