

m14000008514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

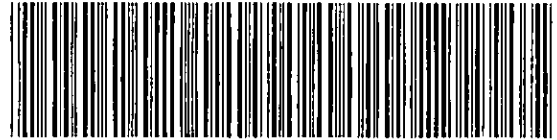
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400434689624

LLC withdrawn

A. RAMSEY

OCT 22 2024

RECEIVED  
FILED  
2024 OCT 18 PM 4:01  
2024 OCT 18 PM 12:03  
SOUTHERN STATE  
FILING OFFICE  
TALLAHASSEE, FL 32301

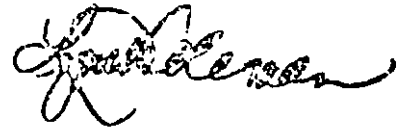
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 598058 7528590

AUTHORIZATION :

COST LIMIT : \$ 25.0



ORDER DATE : August 16, 2024

ORDER TIME : 2:34 PM

ORDER NO. : 598058-200

CUSTOMER NO: 7528590

FOREIGN FILINGS

NAME: G12 COMMUNICATIONS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Shauna Godbolt - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G12 Communications, 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:

Scotty Amos

\_\_\_\_\_  
(Name of Person)

EisnerAmper Accounting Firm

\_\_\_\_\_  
(Firm/Company)

2640 Youree Drive, Suite 100

\_\_\_\_\_  
(Address)

Shreveport, La 71104

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scotty Amos

\_\_\_\_\_  
(Name of Person)

318

729-7552

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

FILED  
2024 OCT 18 PM 12 03  
CLERK OF COURT  
STATE OF FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

G12 Communications, LLC

(Name of limited liability company)

Washington

(Jurisdiction of its organization)

11/26/2014

(Date registered with Florida Department of State)

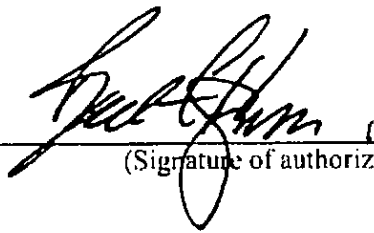
M14000008514

(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)

Robert F. Hagan

(Typed or printed name of signee)

**Filing Fee: \$25.00**

598058