M14000008651

	(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:				
<u> </u>				

Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 11/27/24

Order #: 1701868-4

Re: WDFG-Stellar TPA I LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25 - FL State Account: Number: 12000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	D: Registration Section Division of Corporations					
SUBJE		G-Stellar TPA I LLC				
SUBJE	.C1:	(Name of For	eign Limited Liability	Company)		
Dear S	r or Madan	1:				
The en	closed with	drawal and fee(s) are submitte	d for filing.			
Please	return all co	orrespondence concerning this	matter to the followin	g:		
Philip	Fletcher					
		(Name of Person)		_		
HMSH	lost Corpo	ration				
		(Firm/Company)		_		
6905 F	Rockledge	Drive				
		(Address)		_		
Bethe	sda. Maryla	and 20817				
		(City/State and Zip Cod	e)	_		
For fur	ther informa	ation concerning this matter, p	olease call:			
Philip	Fletcher		240 at (694-4250		
	(Name of Person)		& Daytime Telephone Number)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclos	ed is a chec	k 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		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WDFG-Stellar TF	A I LLC	
-	(Name of limited liability company)	
Delaware		
 -	(Jurisdiction of its organization)	
December 3, 201	4	
	(Date registered with Florida Department of State)	
M14000008651		
	(Florida Document Number)	
Effective Date.	oility company is withdrawing its certificate of authority in this start other than the date of filing: late is listed, the date must be specific and cannot be prior to date we after filing.)	_ (optional)
Note: If the date	e inserted in this block does not meet the applicable statutory filir to be listed as the document's effective date on the Department of DocuSigned by:	
	DC0D1E16E92A4D0	
-	(Signature of authorized representative)	_
	Paul Mamalian, Secretary of WDFG North America LLC, Managing Member of WDFG-Stellar TPA LLC	
-	(Typed or printed name of signee)	_

Filing Fee: \$25.00

COVER LETTER

TO: Registration of Division of	n Section Corporations		
WDFC	G-Stellar TPA I LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all con	respondence concerning this	matter to the followin	g:
Philip Fletcher			
	(Name of Person)		_
HMSHost Corpora	ition		
	(Firm/Company)		_
6905 Rockledge D	Prive		
	(Address)		_
Bethesda, Marylar	nd 20817		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	dease call:	
Philip Fletcher		240 ai (694-4250
(N	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	on Section of Corporations		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