

M15000004164

(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



300350960203

08/25/20 --01001 - 000 --\$220.00

2020 AUG 24 PM 3:45
2020 AUG 25 PM 3:10

C. GOLDEN

AUG 25 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

35

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 08/24/2020

xx **CERTIFIED COPY**

☐ **PHOTOCOPY**

☐ **CUS**

xx **FILING**

WITHDRAWAL

1. **CODIGO FILM & TELEVISION, LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

2011 23 PM 3:10

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CODIGO FILM & TELEVISION, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/26/2015

(Date registered with Florida Department of State)

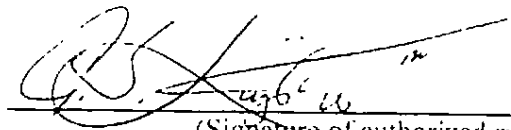
M15000004164

(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)

Stuart Livingston

(Typed or printed name of signee)

Filing Fee: \$25.00