

M15000009234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

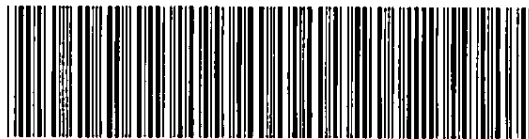
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500419169615

2023 DEC 13 PM 12:40

RECEIVED

2023 DEC 13 AM 11:22

CLERK OF SUPERIOR COURT

R. HUNT

12/13/23



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/13/23  
Order #: 1333809-5  
Re: AmCap Bonita LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

AUTH:

Amount to be deducted from our State Account: \$55.00 - FL State Account Number: 120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

*Issue Certified copy*

Special Instructions:

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

2023 12 13 PM 2:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AmCap Bonita 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:

Jonathan Greenfield

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

AmCap Inc.

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

333 Ludlow St, S Twr, 8th Flr

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

Stamford, CT 06902

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

For further information concerning this matter, please call:

Jonathan Greenfield at (203) 327-2001  
\_\_\_\_\_  
(Name of Person) (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

2023-06-13 PM 12:40

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AmCap Bonita LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

11/17/2015

(Date registered with Florida Department of State)

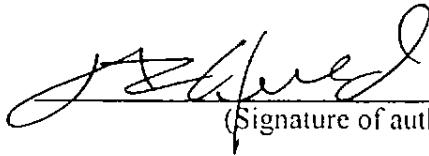
M15000009234

(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)

Jonathan Greenfield, CFO

(Typed or printed name of signee)

Filing Fee: \$25.00

2023 DEC 13 PM 12:40