

M 1500000 9830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

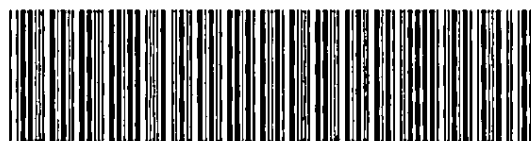
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 28 2019
S. YOUNG

FILED
19 FEB 28 PM 5:34
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2019

AARON GAVE
WINKE, LLC
519 W FOURTEENTH STREET
TRAVERSE CITY, MI 49684

SUBJECT: WINKE, LLC
Ref. Number: M15000009830

We have received your document for WINKE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign limited liability company authorized to transact business in Florida may withdraw its authority by completing the enclosed withdrawal application and submitting the appropriate fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00002918

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINKE, 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:

Aaron Gave
(Name of Person)

WINKE, LLC
(Firm/Company)

519 W. Fourteenth St.
(Address)

Traverse City, MI 49684
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Gave at (231) 620-1714
(Name of Person) (Area 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

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WINKE, LLC

(Name of limited liability company)

Michigan

(Jurisdiction of its organization)

December 8, 2015

(Date registered with Florida Department of State)

M15000009830

(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: ~~01/01/2016~~ 12/08/2015 (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)

Aaron GAVE

(Typed or printed name of signer)

FILED
TALLAHASSEE, FLORIDA

19 FEB 28 PM 5:34

Filing Fee: \$25.00