

MIS000010390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

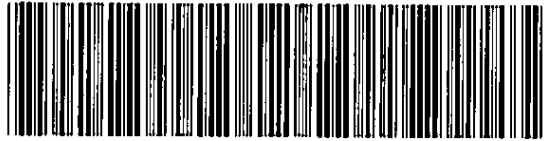
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2022 MAR 29 PM 10:43
2022 MAR 25 PM 4:36



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: March 29, 2022

Name: GREG PINTACUDA

Reference #: 1628286

Entity Name: REPLACEMENT GP FLORIDA, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

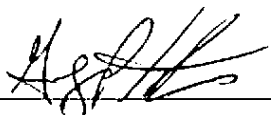
Merger

Dissolution/Withdrawal

Fictitious Name

Other Apon filing please provide certified copy

Authorized Amount: \$55

Signature: 



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Signature:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Replacement GP Florida, 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:

Joanne D. Flanagan

(Name of Person)

JDF, LLC

(Firm/Company)

777 West Putnam Avenue

(Address)

Greenwich, CT 06830

(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha Anderes

(Name of Person)

at (203) 869-0900

(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

Replacement GP Florida, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

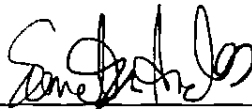
December 30, 2015
(Date registered with Florida Department of State)

M15000010390
(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)

Samantha Anderes

(Typed or printed name of signee)

2022 MAR 29 11:10:43
STATE OF FLORIDA
DEPARTMENT OF STATE

Filing Fee: \$25.00