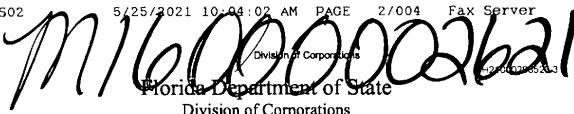


5/25/2021



Division of Corporations Electronic Filing Cover Sheet

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(((H21000208523 3)))



H210002085233ABCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515 11 MAY 25 PH 12: 5:

LLC DISSOLUTION OR WITHDRAWAL SABAL FINANCIAL GROUP GP, LLC

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H21000208523 3

COVER LETTER

TO:	Registration Division of	n Section Corporations				
SUBJEC	SABA	L FINANCIAL GROUP G	P, LLC			
30100		(Name of Fo	reign Limited Liabilit	y Company)	<u> </u>	
Dear Sir	or Madam:					
The encl	osed withdr	awal and fee(s) are submitte	ed for filing.			
Please re	eturn all cor	respondence concerning this	matter to the following	ng:		
Robin C	Cheng					
		(Name of Person)		_		
					<u>ڄ</u> اڻِ	20
Sabal Fi	inancial Gro	oup, L.P.			LAH	21 MAY
		(Firm/Company)		_	NSSE NSSE	lY 25
4 Park F	Plaza, Suite	2000			E FL	PM
		(Address)			第	12: 53
Irvine, (CA 92614				A	డు
		(City/State and Zip Coo	ie)	_		
For furth	ner informat	ion concerning this matter, p	olease call:			
Robin C	heng		949 at (255-2660		
	(N	ame of Person)		& Daytime Telephone Number)		
STREET/COURIER ADDRESS:		MAILING ADDRESS:				
Registration Section Division of Corporations			istration Section sion of Corporations			
Clifton Building		P.O. Box 6327				
		utive Center Circle , Florida 32301	Talla	ahassee, Florida 32314		
Enclosed	d is a check	for the following amount:				
■ \$25 F	iling F ee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

H21000208523 3

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SABAL FINANCIAL GROUP GP, LLC		
(Name of limited liability company)		
Delaware	Αċ	2[
(Jurisdiction of its organization)	T.C.	<u> </u>
03/29/2016	AHAS	2ф1 нат þ5
(Date registered with Florida Department of State)	38	55
M16000002621		PM 12: 53
(Florida Document Number)		1.22
	- E	ST.
This limited liability company is withdrawing its certificate of authority in this state.	الاستر ا	~
· · · · · · · · · · · · · · · · · · ·	ptional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of t more than 90 days after filing.)	üling or	
Note: If the date inserted in this block does not meet the applicable statutory filing re this date will not be listed as the document's effective date on the Department of Stat		
TRUES ?		
(Signature of authorized representative)		
R. Patterson Jackson		
(Typed or printed name of signee)		

Filing Fee: \$25.00