M1600000 4766

(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:	
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O. BRUCE FEB 14 2019



February 2, 2019

LIDIA NOBILI 649 SE TANNER AVE PORT ST. LUCIE, FL 34984

SUBJECT: GYPSY CAPITAL GROUP, LLC

Ref. Number: M16000004766

We have received your document for GYPSY CAPITAL GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 119A00002395::

COVERLETTER

TO:

Registration Section

Division of C	Corporations				
SUBJECT:	SYPSY CAP (Name of For	P.TAC GROW eign Limited Liability C	P, LCC Company)		
Dear Sir or Madanı:					
The enclosed withdray	wal and fee(s) are submitted	d for filing.			
Please return all corre	spondence concerning this	matter to the following:			
L1011	(Name of Person)	entralista y			
06	(Firm/Company)				
<u>649</u> 3	(Address)	AV		20	
Pori 3	T Lucie, F (City/State and Zip Cod	<u>C 34984</u>		2019 FEB -6	77
For further informatic	on concerning this matter, p	lease call:			777
LIDIA (Na	on concerning this matter, p	at (<u>305</u> (Area Code &	247 - 2952 Daytime Telephone Number		ار ادو بروان
STREET/C Registration Division of C Clifton Build 2661 Execut	OURIER ADDRESS: Section Corporations	MAIL Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

GTPST CAPITAL GROWF LLC (Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
(Automotion of the Arganization)
(Date registered with Florida Department of State)
M16 00000 4766 (Florida Document Number)
(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: O1/30/3019 (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) (Signature of authorized representative) (Typed or printed name of signee)

Filing Fee: \$25.00