M16000004973

(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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Klithdrawal

JUL 1 4 2021 I ALBRITTON

TO:	Registration Section
	Division of Corporations

SUBJECT: ECKERT HOLDINGS, LLC (Name of Foreign Limited Liability Company)

Dear Sir or Madam:

5-

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. ECKU/+ (Name of Person)

For further information concerning this matter, please call:

MCH D. ECH(+ at (615) 300 - 32 (Name of Person) (Area Code & Daytime Telephone Number)

<u>Mailing Address:</u> 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 Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations 2021 JUL 12 PM 1:42

June 7, 2021

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NANCY D. ECKERT VERGE LEGAL, PC P.O. BOX 41675 NASHVILLE, TN 37204

SUBJECT: ECKERT HOLDINGS, LLC Ref. Number: M16000004973

We have received your document for ECKERT HOLDINGS, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 221A00012305

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

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ECKERT HOLDINGS, LLC (Name of limited liability company)
TENNESSEE (Jurisdiction of its organization)
(Jurisdiction of its organization)
06/21/2016 (Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M16000004973
(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)

NANCY D. ECKERT (Typed or printed name of signee)