## M/6000009259

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Withdrawal

ALLAHASSEE, FLO

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Account#: 120000000088

Date:	02/08/2023	
Name:	Greg Pintacuda	
Reference #	1906956	-
Entity Name	GT DIRECT	ACCESS IV, LLC
☐ Article	es of Incorporation/Authorization	to Transact Business
Amen	ndment	
Chan	ge of Agent	
Reins	statement	
Conve	ersion	
☐ Merge	er	
✓ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
	. Ans	
Authorized A Signature: _	M. Jaffer	

## **COVER LETTER**

TO:

Registration Section

Division of	Corporations					
SUBJECT:	GT Direct Access IV, LLC					
	(Name of Foreign Limited Liability Company)					
Dear Sir or Madam:						
The enclosed withdr	awal and fee(s) are submitte	ed for tiling.				
Please return all cor	respondence concerning this	matter to the following	:			
	Claire L. Rogan					
	(Name of Person)		•			
(	GT Direct Access IV, I	LLC				
	(Firm/Company)		•			
1450	BRICKELL AVE, ST	E. 3050				
	(Address)		•			
	MIAMI, FL 33131					
	(City/State and Zip Coo	le)				
For further informate	on concerning this matter, p	lease call;				
Claire L. Rog	gan, Authorized Perso	on at (30 <u>5</u>	)677-6688			
(N	ame of Person)	(Area Code &	Daytime Telephone Number)			
Registration SectionRegistDivision of CorporationsDivisionClifton BuildingP.O. I		JNG ADDRESS: ration Section on of Corporations 30x 6327 assec, Florida 32314				
Enclosed is a check □ \$25 Filing Fee	for the following amount: ☐ \$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

	GT Direct Access IV, LLC	023 F F F
	(Name of limited liability company)	9
		۰, که
	Delaware	17.
	(Jurisdiction of its organization)	· · · · · ·
	11/17/2016	بب
	(Date registered with Florida Department of State)	
	M16000009259	
	(Florida Document Number)	
more than 90 c <b>Note:</b> If the da	edate is listed, the date must be specific and cannot be prior to days after filing.)  It inserted in this block does not meet the applicable statutory first be listed as the document's effective date on the Department	ling requirements,
	UR_	
	(Signature of authorized representative)	
	Claire L. Rogan, Authorized Person	
	(Typed or printed name of signee)	

Filing Fee: \$25.00