

M17000001493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

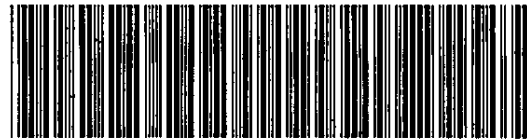
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900309382879

900309382879
02/26/18--01022--020 **25.00

FILED
18 FEB 26 AM 9:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 26 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOUNTAINTEX 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:

MARIA L REY

(Name of Person)

MOUNTAINTEX LLC

(Firm/Company)

2315 NW 107 AVE STE 1M28B117

(Address)

DORAL FL 331712

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA L REY

(Name of Person)

at (_____) _____

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to **withdraw and cancel the certificate of authority of a foreign limited liability company**. The requirements are as follows:

- ◀ Pursuant to s. 605.0910, Florida Statutes, the attached withdrawal application must be completed in its entirety.
- ◀ The fees are as follows:
 - \$25.00 Filing Fee
 - \$30.00 Certified Copy (optional)
 - \$ 5.00 Certificate of Status (optional)
- ◀ A letter of acknowledgment will be issued free of charge upon withdrawal. Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- ◀ A COVER letter should be submitted along with the application and check. The mailing address and courier address are noted below.
- ◀ Please send the application to:

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MOUNTAINTEX LLC

(Name of limited liability company)

NORTH CAROLINA

(Jurisdiction of its organization)

02-17-2017

(Date registered with Florida Department of State)

M17000001493

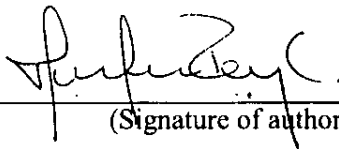
(Florida Document Number)

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)

MARIA L REY

(Typed or printed name of signee)

FILED
18 FEB 20 AM 9:49
CLERK OF THE
STATE
FLORIDA

Filing Fee: \$25.00