

M170000015B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

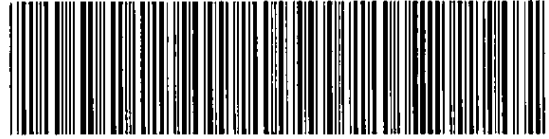
(Business Entity Name)

(Document Number)

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2023 DEC 15 AM 10:46  
TALLAHASSEE, FLORIDA

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2023 DEC 15 PM 2:50  
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301

850.656.7956  
Fax: 850.656.7953

www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corp-help@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/15/2023

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#):** 1211937

**ORDER ENTITY**  
395 GUS HIPP FL LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
395 GUS HIPP FL LLC (FL)

File the attached withdrawal document and provide a certified copy.

**NOTES:**  
\$55.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

395 Gus Hipp FL I.L.C

\_\_\_\_\_  
(Name of limited liability company)

New York

\_\_\_\_\_  
(Jurisdiction of its organization)

February 21, 2017

\_\_\_\_\_  
(Date registered with Florida Department of State)


M17000001523

\_\_\_\_\_  
(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: December 31, 2023 (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)

Charles Knittle, Authorized Person

\_\_\_\_\_  
(Typed or printed name of signee)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 DEC 15 AM 10:46

FILED

Filing Fee: \$25.00