## 1117000002769

| (Requestor's Name)                     |      |
|--|------|
| (Address)                              |      |
| (Address)                              | 11   |
| (City/State/Zip/Phone #)               |      |
| PICK-UP WAIT                           | MAIL |
| (Business Entity Name)                 |      |
| (Document Number)                      |      |
| Certified Copies Certificates of Sta   | tus  |
| Special Instructions to Filing Officer |      |
| Office Use Only                        |      |



900303242079

2017 SEP 13 AM 8: 43

K. SALY SEP 1 4 2017





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: 9/12/2017                          |  |  |
|--|--|--|
| Name: KENDALL HOW                        | ELL_   |  |
| Reference #: <b>G035</b>                 | <u>.                                    </u> |  |
| Entity Name: 4TH STREET INVESTMENTS, LLC |  |  |
| Articles of Incorporation/A              | <br>luthorization to Transact Business       |  |
| Amendment                                |  |  |
| Change of Agent                          |  |  |
| Reinstatement                            |  |  |
| Conversion                               | ISSUES - CALL KEN @<br>518-213-0738          |  |
| Merger                                   | 10 210 3700                                  |  |
| Dissolution/Withdrawal                   |  |  |
| Fictitous Name                           |  |  |
| Other                                    |  |  |
|  |  |  |
|  |  |  |
| Authorized Amount:                       | \$25.00                                      |  |
| Signature:                               |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## **COVER LETTER**

TO:

Registration Section

| Division of Corporations                |  |
|---|--|
| SUBJECT:                                | 4th Street Investments, LLC              |
|   | me of Foreign Limited Liability Company) |
|   |  |
| Dear Sir or Madam:                      |  |
| The enclosed withdrawal and fee(s) an   | submitted for filing.                    |
| Please return all correspondence conce  | rning this matter to the following:      |
|   |  |
| Scott I. N                              | /lirkes                                  |
| (Name of Po                             | mon)                                     |
|   |  |
| Jackier Go                              | ld, P.C.                                 |
| (Firm/Comp                              | my)                                      |
|   |  |
| 121 W. Long Lake                        | Road, Suite 200                          |
| (Address)                               |  |
| Bloomfield Hills                        | B, MI 48304                              |
| (City/State a                           | nd Zip Code)                             |
|   |  |
| For further information concerning this | i matter, please call:                   |
|   |  |
| Scott I, Mirkes, Authorized Repres      |  |
| (Name of Person)                        | (Area Code & Daytime Telephone Number)   |
| STREET/COURIER ADDR                     | <br>IESS: MAILING ADDRESS:               |
| Registration Section                    | Registration Section                     |
| Division of Corporations                | Division of Corporations                 |
| Clifton Building                        | P.O. Box 6327                            |
| 2661 Executive Center Circle            | Tallahasace, Florida 32314               |
| Tallahassee, Florida 32301              |  |
| Enclosed is a check for the following   | amount:                                  |
| \$30 Filing Fee Certificate of          |  |
|   |  |

2017 SEP 13 AM 8: 43
FALLA HARY OF STALL

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

|  | 4th Street Investments, LLC  |
|--|--|
| 11   | Name of limited liability company)   |
|  |  |
|  | Michigan   |
|  | (Jurisdiction of its organization)   |
|  | March 31, 2017   |
| (Date registered with Florida Department of State) |  |
|  | M17000002769   |
|  | (Florida Document Number)  |
|  |  |
| This limited liability company is                  | withdrawing its certificate of authority in this state.  |
| Effective Date, if other than the d                |  |
|  | late must be specific and cannot be prior to date of filing or   |
| more than 90 days after filing.)                   | ]  |
|  | lock does not meet the applicable statutory filing requirements, locument's effective date on the Department of State's records. |
| ims date will not be instead as the t              |  |
|  |  |
| 0  |  |
| <i>∞</i>   | ett e mukes  |
| (Si  | gnature of authorized representative)  |
|  |  |
| Scott I  | <br> Mirkes, Authorized Representative   |
| (Typed or printed name of signee)                  |  |
|  |  |
|  |  |
|  |  |

Filing Fee: \$25.00