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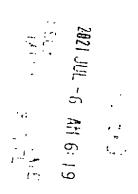
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| Special Instructions to | Filing Officer: | |
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O SIMMONS



June 5, 2021

HARMANNA WARD 19448 NEWLANE PLACE BRADENTON, FL 34202

SUBJECT: MATAPEAKE PARTNERS, LLC

Ref. Number: M17000003665

We have received your document for MATAPEAKE PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor
Letter Number: 421A00012264

Number: 421A00012264 5

COVER LETTER

| | on Section of Corporations | | | |
|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|
| SUBJECT: | MATAPEA (Name of Fo | KE PART | NERS | LLC |
| | (Name of Fe | oreign Limited Liability | y Company) | |
| Dear Sir or Madan | ı: | | | |
| The enclosed with | drawal and fee(s) are submitt | ed for filing. | | |
| Please return all co | orrespondence concerning thi | s matter to the following | ıg: | |
| H, | 4RMANNA (Name of Person) | /ARD | | |
| M A | TAPEAKE PAP (Firm/Company) | RTNERS, LLC | — | |
| 194 | 48 Nowlane (Address) | Place | _ | |
| Bo | City/State and Zip Co | L 34202 | _ | |
| For further informa | ition concerning this matter. | please call; | | |
| HARM | HNNA WARI) Name of Person) | at (4/t) (Area Code o | Daytime Tel | 4202 ephone Number) |
| Division P.O. Box | tion Section of Corporations | | Division of The Central 2415 N. N | on Section of Corporations to of Tallahassee Monroe Street, Suite 810 ee, FL 32303 |
| Enclosed is a chec | k for the following amount: | | | |
| □\$25 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | | ling Fee, Teate of Status & Ted Copy |

2021 JUL -6 AM 6: 19

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| MATAPEAKE PARTNER (Name of limited liability company) | 5 666 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| (Name of limited hability company) | |
| (Jurisdiction of its organization) | 10 |
| (Jurisdiction of its organization) | |
| (Date registered with Florida Department of State) | |
| | |
| M1700000366 | > |
| (Florida Document Number) | |
| Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutor, this date will not be listed as the document's effective date on the Department. | y filing requirements. |
| (Signature of authorized representative) | |
| HARINHUNA WARD (Typed or printed name of signee) | |

Filing Fee: \$25.00