

MI7000004181

(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



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2021-05-14 10:10:20

2021-05-14 10:10:20
FILED

FILED

JUN 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2021

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: AMZAK PCG, LLC
Ref. Number: M17000004181

We have received your document for AMZAK PCG, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

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

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 321A00011705

TALLAHASSEE, FL

2021 JUN -2 PM 2:16

0000000000

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 7835217 7567450

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : April 27, 2021

ORDER TIME : 10:0 AM

ORDER NO. : 783521-015

CUSTOMER NO: 7567450

FOREIGN FILINGS

NAME: Amzak PCG, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMZAK PCG, 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:

Michael Kazma

(Name of Person)

(Firm/Company)

980 N. Federal Hwy, Suite 315

(Address)

Boca Raon, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Bothwell

(Name of Person)

at (561) 953 4164

(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AMZAK PCG, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/16/2017

(Date registered with Florida Department of State)

M17000004181

(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.

DocuSigned by:

Michael D. Kazma

D16A9047F080484

(Signature of authorized representative)

Michael Kazma, President

(Typed or printed name of signee)

FILED
MAY 16 2017
AM 10:21
TALLAHASSEE, FL

Filing Fee: \$25.00