

M17000004981

(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:

RECEIVED  
APR 14 2023

Office Use Only



100406452191

2023 APR 14 AM 10:39

FILED  
2023 APR 14 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

With

APR 17 2023  
D CONNELL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

25

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** Cat 4/14

☐ **CERTIFIED COPY**

**XX** **PHOTOCOPY**

☐ **CUS**

**XX** **FILING**

**WITHDRAWL**

1. **PCPMG CONSULTING, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PCPMG CONSULTING, LLC

(Name of limited liability company)

Texas

(Jurisdiction of its organization)

06/12/2017

(Date registered with Florida Department of State)

M17000004981

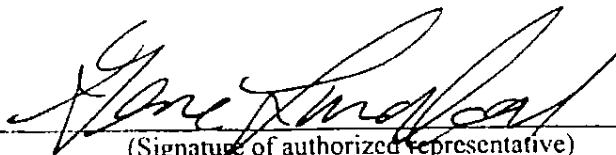
(Florida Document Number)

FILED  
2023 APR 14 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

Gene Lunceford, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00