

N18 00000 1065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

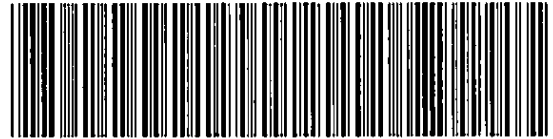
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300406844553

6. The following information is provided for the year ended 31 December 2014:

6/20/23
VH

7-10

2023 APR 19 PM 4:54

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to **withdraw and cancel the certificate of authority of a foreign limited liability company**. The requirements are as follows:

- ✧ Pursuant to s. 605.0910, Florida Statutes, the attached withdrawal application must be completed in its entirety.
- ✧ The fees are as follows:
 - \$25.00 Filing Fee
 - \$30.00 Certified Copy (optional)
 - \$ 5.00 Certificate of Status (optional)
- ✧ A letter of acknowledgment will be issued free of charge upon withdrawal. Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- ✧ A COVER letter should be submitted along with the application and check. The mailing address and courier address are noted below.
- ✧ Please send the application to:

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

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGELLAN CHRISTIAN ACADEMIES OF ARIZONA 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:

THOMAS BLITCH

(Name of Person)

MAGELLAN CHRISTIAN ACADEMIES OF ARIZONA LLC

(Firm/Company)

10550 DEERWOOD PARK BLVD STE 704

(Address)

JACKSONVILLE, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS BLITCH

(Name of Person)

904

at ()

646-9596 X100

(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MAGELLAN CHRISTIAN ACADEMIES OF ARIZONA LLC

(Name of limited liability company)

MARICOPA COUNTY, ARIZONA

(Jurisdiction of its organization)

1/29/2018

(Date registered with Florida Department of State)

M18000001065

(Florida Document Number)

FILED
2023 APR 19 PM 4:54
SECRETARY OF STATE

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)

THOMAS BLITCH

(Typed or printed name of signee)

Filing Fee: \$25.00