

MIB 0000001207

(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:

Wrong form

Office Use Only



400321604974

12/17/18--01027--020 **13.75

FILED
19 JAN 23 AM 12:30
STATE OF FLORIDA
TALLAHASSEE

K SALY

JAN 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2019

LOUIS F. SPRIGGS
IM HOME REAL ESTATE SPECIALISTS, LLC
P.O. BOX 136792
CLERMONT, FL 34713

SUBJECT: IM HOME REAL ESTATE SPECIALISTS, LLC
Ref. Number: M18000001207

2019 JAN 23 PM 12:48

We have received your document for IM HOME REAL ESTATE SPECIALISTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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).

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 119A00000265

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IM HOME REAL ESTATE SPECIALISTS, L.L.C.
(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:

LOUIS F. SPRIGGS
(Name of Person)

IM HOME REAL ESTATE SPECIALISTS, L.L.C.
(Firm/Company)

P.O. Box 136792
(Address)

CLERMONT, FL. 34713
(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS F. SPRIGGS at (219) 779-4393
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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

PD #43.75

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IM HOME REAL ESTATE SPECIALISTS, LLC

(Name of limited liability company)

STATE of UTAH

(Jurisdiction of its organization)

FEB. 2, 2018

(Date registered with Florida Department of State)

M18000001207

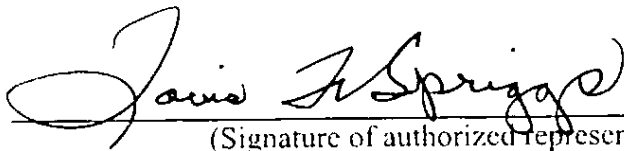
(Florida Document Number)

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.



(Signature of authorized representative)

LOUIS F. SPRIGGS

(Typed or printed name of signee)

Filing Fee: \$25.00