M18 00000 2830

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FIRESS 2021 DEC 27 PH 5:55 SECRETIAN OF NAME



FLORIDA DEPARTMENT OF STATE 02 17 7 1: 8: 17 Division of Corporations

Letter Number: 621A00028927

December 2, 2021

STEVEN E. CAMP 361 SUMMIT BLVD SUITE 110 BIRMINGHAM, AL 35243

SUBJECT: HD CHIPLEY CGP, LLC Ref. Number: M18000002830

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

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

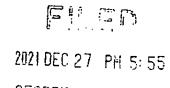
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	tion Section of Corporations		
HD SUBJECT:	Chipley CGP, LLC		
SUBJECT:	(Name of For	reign Limited Liability	Company)
Dear Sir or Mada	m:		
The enclosed with	ndrawal and fee(s) are submitte	ed for filing.	
Please return all c	orrespondence concerning this	matter to the following	g:
Elizabeth Pilgrim			
	(Name of Person)		_
Capital Growth B	suchalter		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_
361 Summit Blvd	I, Suite 110		
	(Address)		_
Birmingham, AL	35243		
	(City/State and Zip Coc	le)	_
For further inform	nation concerning this matter, p	please call:	
Elizabeth Pilgrim		205 at (263-4591)
-	(Name of Person)	(Area Code a	& 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 che	eck for the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certified Conv



SECRETARY OF SEVEN NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ID Chipley CGP, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
Aarch 22, 2018
(Date registered with Florida Department of State)
41899992830
(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: UPON RECIEPT (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, his date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
Steven E. Camp, Manager
(Typed or printed name of signee)

Filing Fee: \$25.00