

M18000003554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

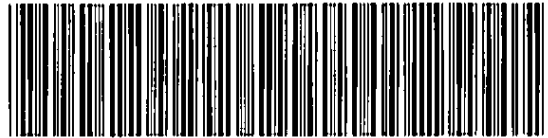
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200318305552

FILED
18 SEP 11 /A 8:02
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

18 SEP 11 PM 4:20
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

© SIMMONS
SEP 12 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 381566 7900921

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : September 11, 2018

ORDER TIME : 3:35 PM

ORDER NO. : 381566-020

CUSTOMER NO: 7900921

FOREIGN FILINGS

NAME: FLOURISHADVANCE 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: Emily Croft - EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FlourishAdvance 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:

Ankeet Ball

(Name of Person)

Stone Ridge Asset Management LLC

(Firm/Company)

510 Madison Avenue, Fl. 21

(Address)

New York, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Ankeet Ball

(Name of Person)

212

257-1506

at ()

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FlourishAdvance LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

April 12, 2018

(Date registered with Florida Department of State)

M18000003554

(Florida Document Number)

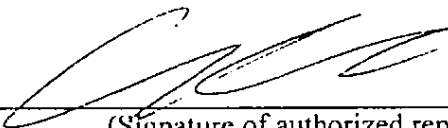
FILED
SEP 11 AM 8:02
18

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)

Charles Nail

(Typed or printed name of signee)

Filing Fee: \$25.00