

MIS 0000004359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

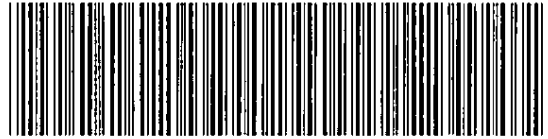
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

JUL 15 2024

Office Use Only



800431828588

2024 JUL 12 PM 1:46



SECRET  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

2024 JUL 12 PM 1:46

RECEIVED

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07/12/2024

**\*\*WALK IN\*\***

ENTITY NAME The Florida Fund Manager LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 55

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

100

The Florida Fund Manager LLC

Dear Sir or Madam:

**Please return all correspondence concerning this matter to the following:**

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

Karalynn Brancatella

(Name of Person)

(Area Code & Daytime Telephone Number)

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

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

☐ \$60 Filing Fee.  
Certificate of Status &  
Certified Copy

2014 JUN 12 11:32 AM

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

The Florida Fund Manager LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

5/4/2018

(Date registered with Florida Department of State)

M18000004359

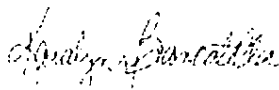
(Florida Document Number)

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)

Karalynn Brancatella

(Typed or printed name of signee)

**Filing Fee: \$25.00**