Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARKER WILLIAMS, PLLC

Account Number : I20170000030 Phone : (850)308-7033 Fax Number : (850)308-7115

LLC DISSOLUTION OR WITHDRAWAL GIDDIS PRODUCTIONS, LLC

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COVER LETTER

	gistration zision of	Section Corporations				
SUBJECT:		Productions, LLC				
SCEDECT.		(Name of For	reign Limited Liab	ihty Co	mpany)	
Dear Sir or .	Madam:					
The enclose	d withdr:	awal and fee(s) are submitte	d for filing.			
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Farrar J. Ba	irker					
		(Name of Person)				
Barker Wil	liams, PI.	.I.C			<u> </u>	10 5
	<u> </u>	(Fum/Company)			`;	
60 Clayton	Lanc, Su	nite B				3355
	-	(Address)				4.0
Santa Rosa	Beach, F	lorida 32459				7
		(City/State and Zip Coc	le)			•
For further i	informati	on concerning this matter. p	please call:			
Farrar J. Ba	ırker		850 at ()	308-7033	
	(N	ame of Person)		ode & D	Paytime 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 Filin	ıg Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fe Certified Cop		S60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Giddis Productions, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
09/04/2018
(Date registered with Florida Department of State)
M18000008084
(Florida Document Number)
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of 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.
Sarah Genn Verdisco (Signature of authorized representative)
Sarah Glenn Verdisco, Member
(Typed or printed name of signee)

Filing Fee: \$25.00