

M18 000008729

(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



200326414642

03/25/19--01042--001 **112.50

FILED
2019 MAR 25 PM 1:53
CLERK OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
APR 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VividGro, 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:

Sonia Brister

(Name of Person)

VividGro, LLC

(Firm/Company)

801 N. Atlantic Avenue

(Address)

Cocoa Beach, FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Brister

321

779-5540

at ()

(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

FILED
2019 MAR 26 PM 1:53
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VividGro, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

9/21/2018

(Date registered with Florida Department of State)

M18000008729

(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)

David Quigley

(Typed or printed name of signee)

FILED
2019 MAR 26 PM 1:53
DEPARTMENT OF STATE
ALL AMASSED FLORIDA

Filing Fee: \$25.00