	<u> </u>
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	)
PICK-UP WAIT	MAIL
(Business Entity Name	)
(Document Number)	
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	

Office Use Only



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### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

TO Florida Department of \$tate

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 01/3/2023

**HOOVER PHX LLC** 

**ORDER ENTITY** 

**PRIORITY** Routine

OUR REF # (Order ID#) Renee

PLEASE PERFORM THE FOLLOWING SERVICES:

HOOVER PHX LLC

Please file the attached withdrawal.

NOTES:

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## **COVER LETTER**

TO:

Registration Section

Division of	Corporations	\$			
	ER PHX LL	C			
SUBJECT:		(Name of Fore	rign Limited Liability	Company)	
Dear Sir or Madam:					
The enclosed withdr	awal and fee(	s) are submitted	l for filing.		
Please return all corr	espondence o	concerning this	matter to the followin	g:	
Christopher Mataja					
	(Name	of Person)		_	
LAFAYETTE RE, I	.LC				
	(Firm/C	'ompany)		_	
853 BROADWAY I	FLOOR 5				
•	(Addre	88)		_	
NEW YORK, NY 1	0003				7.7.
	(City S	tate and Zip Code	-		ر. الدران الدران
For further informati	ion concernin	ig this matter, p	ease call:		ر. -
Christopher Mataja			917 at (	922-3042	=
(N)	ame of Person	J		& Daytime Telephone Number)	r. 1
Division ( P.O. Box	on Section of Corpora	tions		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	:10
Enclosed is a check	for the follo	wing amount:			
■\$25 Filing Fee	□ \$30 F <b>a</b> i Certific	ing Fee & cate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HOOVER PHY LLC		
	(Name of limited liability company)	
DELAWARE		
	(Jurisdiction of its organization)	<del></del>
10/31/2018		
(	Date registered with Florida Department of State)	
M18000009833		
	(Florida Document Number)	
This limited liability comp	cany is withdrawing its certificate of authority in this state.	
Effective Date, if other that (If an effective date is listed more than 90 days after fi	d, the date must be specific and cannot be prior to date of fi	otional) ling or의
Note: If the date inserted	in this block does not meet the applicable statutory filing req as the document's effective date on the Department of State	
	Docusigned by: Ulris Mataya 258086203/854CC	=
	(Signature of authorized representative)	(7) (2)
	Chris Mataja	
	(Typed or printed name of signee)	

Filing Fee: \$25.00