

M18000010011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2024 SEP 25 AM 4:24

TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 09/23/2024

Name: Patrice Rush

Reference #: 2476162

Entity Name: CREEKSIDE DESIGNS, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$25.00

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2024

COGENCYGLOBAL

SUBJECT: CREEKSIDE DESIGNS, LLC
Ref. Number: M18000010011

Please
Keep
Original
File
Date

We have received your document for CREEKSIDE DESIGNS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00021523

RECEIVED
2024 OCT -3 AM 11:51
TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creekside Designs, 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:

Denise Wipper

(Name of Person)

Cogency Global Inc.

(Firm/Company)

698 12th St. SE, Suite 200

(Address)

Salem, OR 97301

(City/State and Zip Code)

For further information concerning this matter, please call:

Krista M Young

(Name of Person)

at (205) 490-2226

(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

Creeside Designs, LLC

(Name of limited liability company)

Alabama

(Jurisdiction of its organization)

11/02/2018

(Date registered with Florida Department of State)

M18000010011

(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)

Krista M Young

(Typed or printed name of signee)

FILED
2024 SEP 25 AM 9:15
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00