

MI9000002955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

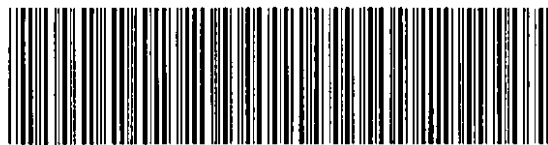
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200413195812

LLC Withdrawal

FILED

2023 AUG 22 AM 9:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 18 PM 2:33

CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

AUG 23 2023

\$02250,00524,00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2023

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL 32301

SUBJECT: POWER OF ATTORNEY II, LLC
Ref. Number: M19000002955

We have received your document for POWER OF ATTORNEY II, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. It is for a Florida limited liability company and your entity is a foreign limited liability company. I have enclosed the correct form. Withdrawal of Authority.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 323A00019325

RECEIVED
2023 AUG 22 PM 2:37
TALLAHASSEE, FL 32301

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

POWER OF ATTORNEY II, LLC

Please Debit FCA000000003 For: 55

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

Walk-In

Will Pick Up

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC I or 3 File _____
- ___ UCC II Search _____
- ___ UCC II Retrieval _____
- ___ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power of Attorney II, 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:

John H. Ruiz

(Name of Person)

(Firm/Company)

2701 S Le Jeune Road, 10th Floor

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosalia De Leon

(Name of Person)

at (305) 614-2222

(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

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

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

2023 AUG 22 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Power of Attorney II, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

03/26/2019
(Date registered with Florida Department of State)

M19000002955
(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.

DocuSigned by:

John H Ruiz

(Signature of authorized representative)

John H. Ruiz

(Typed or printed name of signee)

Filing Fee: \$25.00