M190000004736

(Requestor's Name)
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PICK-UP WAIT MAIL
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A. RAMSEY
MAY 24 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: May 23, 20	23	Ac	ccount#: I20000000088
Name: ERIC			
Reference #: 20	07365		
Entity Name:S		YULEE), LLC	
		zation to Transact Business	
Amendment			
Change of Agent			
Reinstatement			
Conversion			
Merger			
✓ Dissolution/Withdraws	al		
☐ Fictitous Name			
✓ Other		CERTIFIED COPY	
Authorized Amount:	\$55.	00	
Signature: 2	ic Hood	Į.	

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJEC	∽ _T . ST	NL III (Y	ulee),	LLÇ		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Fore	eign Limited	I Liability	y Comp	any)	
Dear Sir	or Madam:					
The encl	osed withdrawal and fee(s) are submitted	l for filing.				
Please re	eturn all correspondence concerning this	matter to the	: followir	ાયુ:		
	Colleen Humes	S				
	(Name of Person)			_		
	COGENCY GLOBA	L INC.				
	(Firm/Company)					
	850 New Burton Rd	#201				
	(Address)	-				
	Dover, DE 1990)4				
	(City/State and Zip Code	:)		_		
For furth	ner information concerning this matter, pl	ease call:				
	Jill A. Matarese, Vice President	at (212)		295 2742
	(Name of Person)	(7	trea Code	& Dayti	me Tel	ephone 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			
Enclose	d is a check for the following amount:					
\$25 F	Siling Fee Solution Status	\$55 Fili Certifie			Certifi	ling Fee. cate of Status & ed Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

STNL III (Yulee), LLC
(Name of limited liability company)
Delaware Delaware
(Jurisdiction of its organization)
5/13/2019
(Date registered with Florida Department of State)
M19000004736 <u> </u>
(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:
(Signature of authorized representative)
Jill A. Matarese, Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00