

M190000006562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

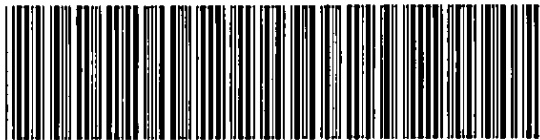
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 28 PM 2:07

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2021 MAY 28 PM 2:03

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Withdrawn

JUN 01 2021

ALBRITTON

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/28/2021

NAME: GOOD AMERICAN, LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attedge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOOD AMERICAN, 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:

JAZMIN DIAZ-ZAMORA

(Name of Person)

GOOD AMERICAN, LLC

(Firm/Company)

3578 HAYDEN AVENUE, SUITE N1

(Address)

CULVER CITY, CALIFORNIA 90650

(City/State and Zip Code)

For further information concerning this matter, please call:

JAZMIN DIAZ-ZAMORA

(Name of Person)

805

657-3054

at ()

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GOOD AMERICAN, LLC
(Name of limited liability company)

CALIFORNIA
(Jurisdiction of its organization)

JULY 9, 2019
(Date registered with Florida Department of State)

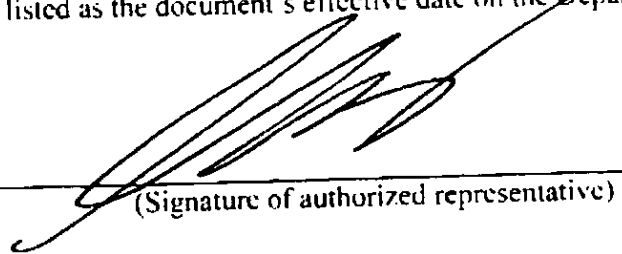
M19000006562
(Florida Document Number)

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2021 MAY 28 PM 2:03
TALLAHASSEE, FLORIDA

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)

JAZMIN DIAZ-ZAMORA
(Typed or printed name of signee)