

6/17/2020

Division of Corporations

MI 1900008292

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

LLC DISSOLUTION OR WITHDRAWAL  
GREGORY COVE GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 JUN 17 PM 3:54

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O S T

JUN 18 2020

**H20000183927 3****COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GREGORY COVE GP 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

Hanna Jamar  
\_\_\_\_\_

(Name of Person)

Lincoln Avenue Capital  
\_\_\_\_\_

(Firm/Company)

680 5th Avenue, 17th Floor  
\_\_\_\_\_

(Address)

New York, NY 10019  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Hanna Jamar  
\_\_\_\_\_

(Name of Person)

646

at (

585-5525  
\_\_\_\_\_

(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

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2020 JUL 17 PM 3:55

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

GREGORY COVE GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

August 26, 2019

(Date registered with Florida Department of State)

M19000008292

(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)

Hanna Jamar

(Typed or printed name of signee)

Filing Fee: \$25.00

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