

M190000010591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

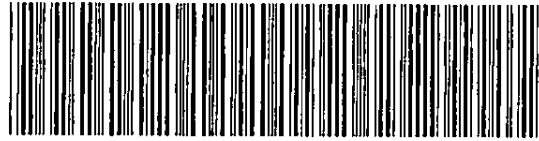
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2025 JAN -8 PM 12:03
TALLAHASSEE, FLORIDA



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

Account#: I200000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/08/2025

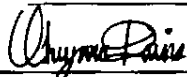
Name: Cheyenne Davis

Reference #: 2619029

Entity Name: ECM-BG2-FT-LAUDERDALE, FL-1-UT, 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: 

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ECM-BG2-FT-LAUDERDALE, FL-1-UT, LLC

(Name of limited liability company)

UTAH

(Jurisdiction of its organization)

11/1/2019

(Date registered with Florida Department of State)

M19000010591

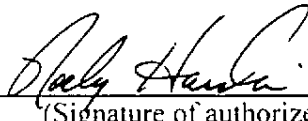
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

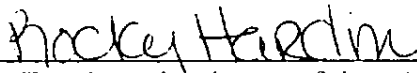
Effective Date, if other than the date of filing: _____ (optional)

(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)



(Typed or printed name of signee)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2025 JAN -8 PM 12: 03

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Filing Fee: \$25.00