

MI9000010925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

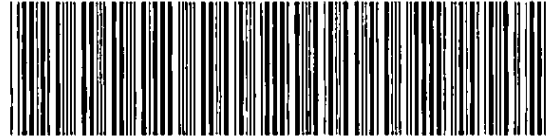
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500430975965

FILED

2024 JUL -3 AM 11:02

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL -3 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/03/2024
Acc#I20160000072

en: c DW

| | |
|-------------|---------------------------|
| Name: | Sun Cocktail Finance, LLC |
| Document #: | |
| Order #: | 15731878 |

| | | | | |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | | |
| Plain Copy: | <input type="checkbox"/> | | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | | |
| Certified Copy of | <input type="checkbox"/> | | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | | Country of Destination: | |
| | | | Number of Certs: | |

| | | |
|---|--|---|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> | Email Address for Annual Report Notifications: <div></div> |
| | Plain: <input checked="" type="checkbox"/> | |
| | COGS: <input type="checkbox"/> | |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **25.00**

Thank you!

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SUN COCKTAIL FINANCE, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

November 12, 2019

(Date registered with Florida Department of State)

M19000010925

(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:

M. Joseph Politoski II

B53DA79C1B05451

(Signature of authorized representative)

M. Joseph Politoski II

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL -3 AM 11:02

FILED

Filing Fee: \$25.00