

M20000005251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

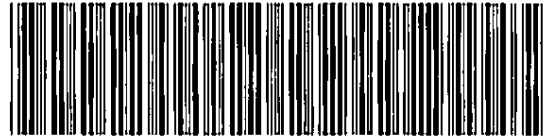
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2022 JUL 13 AM 11:47

ATLANTA, GA

FILED

2022 JUL 13 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUL 14 2022



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

Account#: I20000000088

Date: 07/12/2022

Name: Greg Pintacuda

Reference #: 1695879

Entity Name: HILLTOP PROP MANAGEMENT LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

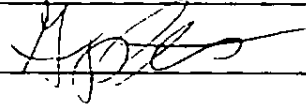
☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: 

FILED

2022 JUL 13 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hilltop Prop Management LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

6/12/20

(Date registered with Florida Department of State)

M20000005251

(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.

Justin Mohr

(Signature of authorized representative)

Justin Mohr

(Typed or printed name of signee)

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hilltop Prop Management 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:

Justin Mohr

(Name of Person)

Knickerbocker Asset Management

(Firm/Company)

244 Fifth Ave, Ste. J242

(Address)

NY, NY 10001

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin Mohr

(Name of Person)

at (646)

598-1696

(Area Code & Daytime Telephone 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

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