

ma1000005990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

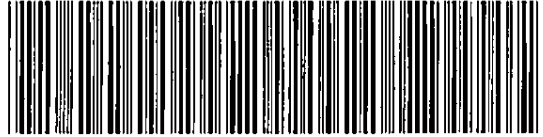
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300421738203

02/02/24 01005 001

LLC withdrawal

RECEIVED
2024 MAR -8 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR -11 2024

FILED
2024 MAR -8 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/08/24
Order #: 1445191-1
Re: SFG STPK LM Pinellas Park, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

I200000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the text 'AUTH' and the account number.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFG LM Pinellas Park, 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:

Hannah Hope

(Name of Person)

Stonemont Financial Group

(Firm/Company)

3280 Peachtree Road NE, Suite 2770

(Address)

Atlanta, GA 30305

(City/State and Zip Code)

For further information concerning this matter, please call:

Trish Herron

(Name of Person)

704

243-5639

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

FILED

2024 MAR -8 AM 11:19

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SFG LM Pinellas Park, LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

May 17, 2021

(Date registered with Florida Department of State)

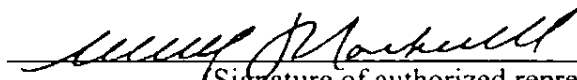
M21000005990

(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)

William I. Markwell, III

(Typed or printed name of signee)

Filing Fee: \$25.00

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