



Office Use Only



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

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/13/24 Order #: 1447709-5 Re: Rath Fhearr, 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:

12000000195

AUTH

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**

	tion Section of Corporations		
SUBJECT:	Rath Fhearr, LLC		
5000ECT	(Name of Fo	oreign Limited Liabilit	y Company)
Dear Sir or Mada	m:		
The enclosed with	ndrawal and fee(s) are submitt	ed for filing.	
Please return all c	orrespondence concerning thi	s matter to the followi	ng:
Kimberly Go	odyear		
	(Name of Person)	<u></u>	<del></del>
Sunrise Mana	gement Services		
	(Firm/Company)	<del></del>	_
515 N. Flagler	Drive, Suite 1702		
	(Address)		_
West Palm Bea	ch, FL 33401		
	(City/State and Zip Co	de)	_
For further inform	ation concerning this matter,	please call:	
Kimberly God	*	at (	)440-6549
•	(Name of Person)	(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 81
	k for the following amount:		Tallahassee, FL 32303
\$25 Filing Fee		□SSS Billing Bag B	C \$60 Elling Con
A(323 rining ree	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rath Fhe	earr, LLC			
	(Name of limited liability company)			
Delawar	re			
	(Jurisdiction of its organization)			
5/24/202	1			
	(Date registered with Florida Department of State)		_	
M21000	0006407			
	(Florida Document Number)			
This limited li	ability company is withdrawing its certificate of authority in this	state.		
(If an effective more than 90 c <b>Note:</b> If the da	e date is listed, the date of filing: Warch 12 2024 edate is listed, the date must be specific and cannot be prior to d days after filing.)  The inserted in this block does not meet the applicable statutory files to be listed as the document's effective date on the Department	ate of fill	ing or	
	(Signature of authorized representative)			
	Stephen P. Magowan		2	
	(Typed or printed name of signee)		2024 HAR 13 PH 3: 02	

Filing Fee: \$25.00