M21000015197

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 649057 _ 8253247

AUTHORIZATION: SAMUEL BOX

COST LIMIT : \$ 25.00

ORDER DATE: April 7, 2023

ORDER TIME : 9:01 AM

ORDER NO. : 649057-005

CUSTOMER NO: 8253247

FOREIGN FILINGS

NAME: SFG LUTZ, LLC

____ CORPORATE

LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

	Registration Division of	Section Corporations		
SUBJEC		G Lutz, LLC		
00000		(Name of Fo	oreign Limited Liability	Company)
Dear Sir c	or Madam:			
The enclo	sed withdra	awal and fee(s) are submitt	ed for filing.	
Please ret	urn all corr	espondence concerning thi	s matter to the following	g:
Hannah	Норе			
	<u> </u>	(Name of Person)	<u></u>	_
Stonemo	ont Financ	ial Group		
		(Firm/Company)		_
3280 Pe	achtree R	oad NE, Suite 2770		
		(Address)		_
Atlanta,	GA 30305	5		
		(City/State and Zip Co	de)	_
For furthe	r informati	on concerning this matter,	please call:	
Trish He	rron		704 at (243-5639
	(Na	ime of Person)	(Area Code o	& Daytime Telephone Number)
F 1. F	Division of P.O. Box	on Section of Corporations		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	:	
□\$25 Fil	ing Fee	☐ \$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

SFG Lutz, LLC	
(Name of limited liability company)	
Georgia	<u>[2</u>
(Jurisdiction of its organization)	
November 12, 2021	ती ्र () १९५० मेरे १९५० मेरे
(Date registered with Florida Department of State)	
M21000015197	
(Florida Document Number)	5 TATE
This limited liability company is withdrawing its certificate of authority	in this state.
Effective Date, if other than the date of filing:	(optional) or to date of filing or
Note: If the date inserted in this block does not meet the applicable statuthis date will not be listed as the document's effective date on the Department.	
(Signature of authorized representative)	
William Markwell	
(Typed or printed name of signee)	· · · ·

Filing Fee: \$25.00