# M2100001666

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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ALLAMASSEE, FLORIDA

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/22/2024	<del></del>		**WALK
ENTITY NAME HEA	ADSTORM, LLC		
DOCUMENT NUMBE	ER		<b>~</b> 2
	**PLEASE FILE THE AT	TACHED AND RETURN	/ <b>**</b>
<b>~~~~</b>	C4		
XXXXX	Plain Copy		<u> </u>
	Certified Copy		11 0: 1: 0: 03
	Certificate of Status		$i_{i}$ , $\omega$
	**PLEASE OBTAIN THE FOLLOW  Certified Copy of Arts & An	•	ENTITY**
	**PLEASE OBTAIN THE FOLLOW  Certified Copy of Arts & An  Certificate of Good Standing	•	ENTITY**
	Certified Copy of Arts & An	mendments	
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### **COVER LETTER**

TO:

Registration Section

Division of	Corporations			
	STORM, LLC			
SUBJECT:	(Name of For	eign Limited Liability	Company)	
Dear Sir or Madanı:				
The enclosed withdra	awal and fee(s) are submitte	d for filing.		
	espondence concerning this		<u>z</u> :	
HEADSTORM, LLO				
THAT'S TORM, TAN	(Name of Person)		_	alli Ta
HEADSTORM, LLC				-
	(Firm/Company)	-	-	
15455 DALLAS PK	WY STE 300		;— ;—	::: ::::0: :::::
	(Address)		_	
DALLAS, TX 7500	I			
	(City/State and Zip Cod	e)	_	
For further informati	on concerning this matter, p	lease call:		
Kathy Clark		800 at (	567-4397	
(N	ame of Person)	(Area Code o	) & Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu Tallahassee	Corporations Iding nive Center Circle , Florida 32301	Regis Divis P.O. Talla	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
S25 Filing Fee	for the following amount:  S30 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

Filing Fee: \$25.00