

M22 0000000152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

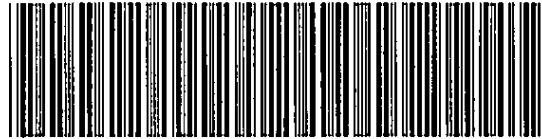
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1-20
OFF



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2023

HUNTER JOHNSON
9664 NW 7TH CIRCLE
APT 1227
PLANTATION, FL 33324

SUBJECT: GREY OAK ADVISORY SERVICES, LLC
Ref. Number: M22000000152

We have received your document for GREY OAK ADVISORY SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 223A00000479

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2023 JAN 20 AM 10:11
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GREY OAK ADVISORY SERVICES, LLC
(Name of Corporation)

DOCUMENT NUMBER: M220 000 00152

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUNTER JOHNSON
(Name of Person)

(Firm/Company)

9664 NW 7TH CIR APT 1227
(Address)

PLANTATION FL 33324
(City/State and Zip code)

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2023 JAN 20 AM 10:11
TALLAHASSEE, FL

For further information concerning this matter, please call:

HUNTER JOHNSON at (203) 981 2185
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREY OAK ADVISORY SERVICES, 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:

HUNTER JOHNSON
(Name of Person)

GREY OAK ADVISORY SERVICES, LLC
(Firm/Company)

9604 NW 7TH CIR APT 1227
(Address)

PLANTATION FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

HUNTER JOHNSON at (203) 981 2105
(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 810
Tallahassee, FL 32303

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

COPY OF CANCELLED
CHECK ENCLOSED
IN AMOUNT OF \$43.75.

FILED

2023 JAN 20 AM 10:11

TALLAHASSEE, FL

REC-1

JAN 20

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GREY OAK ADVISORY SERVICES, LLC

(Name of limited liability company)

NEVADA

(Jurisdiction of its organization)

10/29/2021

(Date registered with Florida Department of State)

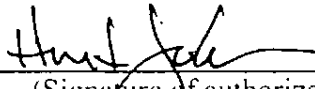
M220 000 00152

(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)

HUNTER JOHNSON

(Typed or printed name of signee)

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