

M22000004863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

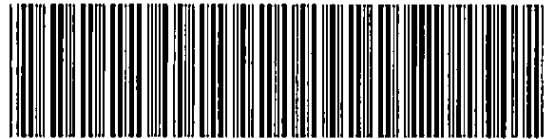
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TALLAHASSEE, FL

TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/07/2022

Name: Greg Pintacuda

Reference #: 1782362

Entity Name: JUPITER ISLAND CAPITAL HOLDINGS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jupiter Island Capital Holdings, 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:

Gregory D. Johnson

(Name of Person)

(Firm/Company)

13183 Manzanita Road NE

(Address)

Bainbridge Island, WA 98110

(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory D. Johnson

(Name of Person)

561

935-1550

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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &

☐ \$55 Filing Fee &

☐ \$60 Filing Fee,

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Jupiter Island Capital Holdings, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 31, 2022

(Date registered with Florida Department of State)

M22000004863

(Florida Document Number)

2022 SEP - 8 AM 8:44
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

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)

Walter S. Robertson, II. authorized representative

(Typed or printed name of signee)