

M220000008408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

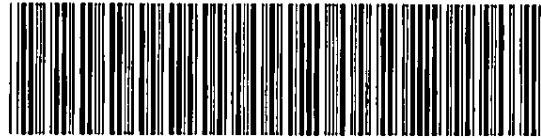
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 24 2023

Office Use Only



700405824327

2023 APR 21 AM 11:51  
TALLAHASSEE  
FLORIDA

2023 APR 21 AM 6:1  
TALLAHASSEE  
FLORIDA



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

Account#: 120000000088

Date: 04/21/2023

Name: Greg Pintacuda

Reference #: 1967755

Entity Name: ICR SITES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: 



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Authorized Amount: \$25

Signature: 

2023 APR 21 AM 11:00  
SECRETARY OF  
TALLAHASSEE

FILED

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ICR Sites, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

05/27/2022

(Date registered with Florida Department of State)

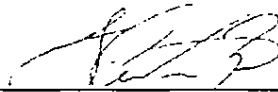
M22000008408

(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)

Austin Rees

(Typed or printed name of signee)

Filing Fee: \$25.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ICR Sites, 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:

James Lacey

(Name of Person)

Norton Rose Fulbright

(Firm/Company)

1501 Avenue of the Americas

(Address)

New York, New York 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

James Lacey

(Name of Person)

at ( 212 ) 318-3189  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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