# M2200011653

(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 MAY - 1 21124
Office Use Only



500428123005

FILED 2024 APR 30 AM 9: 34

ALLAHASSEE, FLORIL.

PECTIVED



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 04/30/24 Order #: 1496248-5

Re: Respark South Tampa, LLC Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195/

AUTH

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
Resp.	ark South Tampa, LLC		
30031201.	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Benjamin Jones			
	(Name of Person)		_
Respark South Ta	umpa, LLC		
	(Firm/Company)		_
2641 NE 33rd Str	eet		
·	(Address)		_
Fort Lauderdale, I	FL 33306		
	(City/State and Zip Cod	c)	_
For further informat	ion concerning this matter. p	lease call:	
Eric DeVelasco		713 at (	252-3771
(8	ame of Person)	(Area Code &	è Daytime Telephone Number)
Division 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 Filing 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 (1) 37 AM 9: 34

Respark South Tampa, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
07/26/2022
(Date registered with Florida Department of State)
M22000011653
(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:  Od/29/2024  (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)
Benjamin Jones
(Typed or printed name of signee)

Filing Fee: \$25.00

# **COVER LETTER**

TO: Registration Division of	n Section Corporations		
Respa	ark South Tampa, LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	respondence concerning this	matter to the followin	g:
Benjamin Jones			
	(Name of Person)		_
Respark South Ta	mpa, LLC		
	(Firm/Company)		_
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	(Address)		_
Fort Lauderdale, F	FL 33306		
	(City/State and Zip Cod	c)	_
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(N	ame of Person)		& Daytime Telephone Number)
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Enclosed is a check	for the following amount:		
□S25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	<ul><li>\$60 Filing Fee,</li><li>Certificate of Status &amp;</li><li>Certified Copy</li></ul>