

# M22000011708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

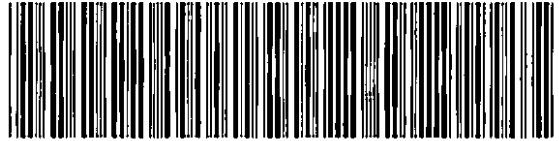
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000392474730

FILED

2022 AUG 22 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG 22 PM 3:10

CLERK

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 8/22/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1065719

**ORDER ENTITY**

TIDUS TWO LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

TIDUS TWO LLC (FL)

File the attached withdrawal document

**NOTES:**

\$25.00 Authorized

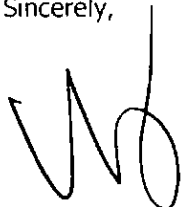
**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tidus Two LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Svetlana Sudit

\_\_\_\_\_  
(Name of Person)

Tidus Two LLC

\_\_\_\_\_  
(Firm/Company)

231 174 ST 1219

\_\_\_\_\_  
(Address)

Sunny Isles Beach FL 33160

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Svetlana Sudit

917

545-9545

at ( \_\_\_\_\_ )

\_\_\_\_\_  
(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

**FILED**

**2022 AUG 22 AM 10: 26**

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Tdus Two LLC

\_\_\_\_\_  
(Name of limited liability company)

New York

\_\_\_\_\_  
(Jurisdiction of its organization)

07/21/2022

\_\_\_\_\_  
(Date registered with Florida Department of State)

M22000011708

\_\_\_\_\_  
(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.

/s/ Svetlana Sudit

\_\_\_\_\_  
(Signature of authorized representative)

Svetlana Sudit

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**