

# M22000017678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

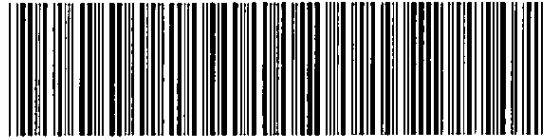
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900402662329

FILED

2023 FEB 27 AM 8:50

STATE  
OFFICE

RECEIVED

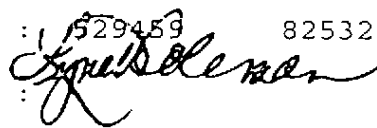
2023 FEB 27 PM 3:31

ALLAHASSLE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 529459 8253247

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : February 27, 2023

ORDER TIME : 2:40 PM

ORDER NO. : 529459-005

CUSTOMER NO: 8253247  
-----

FOREIGN FILINGS

NAME: SFG ISF II WPB 1066 SKEES, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SFG ISF II WPB 1066 Skees, 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:

Hannah Hope

(Name of Person)

Stonemont Financial Group

(Firm/Company)

3280 Peachtree Road NE, Suite 2770

(Address)

Atlanta, GA 30305

(City/State and Zip Code)

For further information concerning this matter, please call:

Trish Herron

704

243-5639

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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SFG ISF II WPB 1066 Skees, LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

November 28, 2022

(Date registered with Florida Department of State)

M22000017678

(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)

William Markwell

(Typed or printed name of signee)

FILED  
2023 FEB 27 AM 8:50  
CLERK OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00