M23000007743

(Requestor's Name)
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TALLAHASSEE, FLORIDA



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

ACCOUNT NO. : 12000000195
REFERENCE : 370543 8086653
AUTHORIZATION THE STATE OF THE
COST LIMIT : \$ 25.00
ORDER DATE: March 19, 2024
ORDER TIME : 9:17 AM
ORDER NO. : 370543-030
CUSTOMER NO: 8086653
FOREIGN FILINGS
NAME: HOME SQUADRON (FL), 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: Amanda Miller - EXT#

EXAMINER:

COVER LETTER

		tration S on of Co	ection orporations				
SUBJEC		łome S	quadron (FL), LLC				
SOBJEC		(Name of Foreign Limited Liability Company)					
Dear Sir	or Ma	dam:					
The enclo	sed v	vithdraw	al and fee(s) are submi	itted for filir	ાદુ.		
Please ret	turn a	ll corres	pondence concerning the	his matter to	the followin	g:	
Andrew	Hobs	son					
			(Name of Person)			-	
c/o Inno	vatus	: Capita	l Partners, LLC				
			(Firm/Company)				
777 Thir	d Av	enue, F	loor 25				
			(Address)			-	
New Yo	rk, N'	Y 10017	7				
			(City/State and Zip C	Code)		_	
For furthe	er info	rmation	concerning this matter	r, please cal	:		
Andrew	Hobs	ion		at	212	698-4595	
		(Nam	e of Person)	ar		& Daytime Telephone Number)	
 	Regi: Divis P.O.	sion of Box 63	Section Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed	is a c	heck fo	r the following amous	nt:			
≣\$ 25 Fi	ling F	'ee i	S30 Filing Fee & Certificate of Status		Filing Fee & tified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Home Squadron (FL), LLC		
(Name of limited liability company)	···	
Delaware		
(Jurisdiction of its organization)		
6/14/2023		
(Date registered with Florida Department of State)		
M23000007743		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this sta	ite.	
Effective Date, if other than the date of filing: 3/19/2024	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)	of filing or	
Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S		
COM	2024 TÀL	
(Signature of authorized representative)	HAR T	
Andrew Hobson, Manager	2024 MAR 21 PM 12: 39 TALLAHASSEE, FLORIDA	
(Typed or printed name of signee)	, FĽÖ,	
	REDA REDA	

Filing Fee: \$25.00