

# M23000012986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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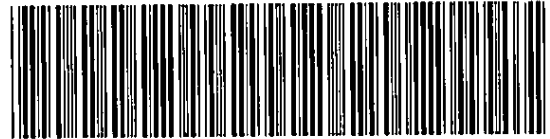
(Business Entity Name)

(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11/06/2024**

**NAME: ALLEN & COMPANY, LLC**

**TYPE OF FILING: RESOLUTION TO WITHDRAW ALTERNATE NAME**

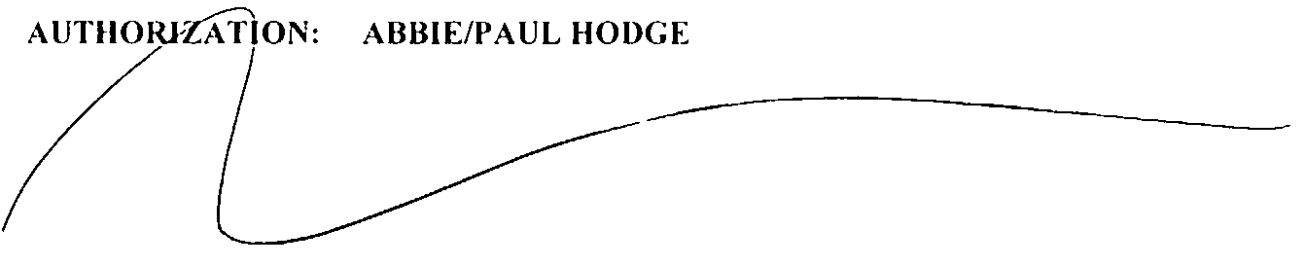
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Allen & Company, LLC  
(Name of Limited Liability Company)

DOCUMENT NUMBER: M23000012986

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Cooper  
(Name of Contact Person)

Centerline Business Services  
(Firm/Company)

813 Ridge Lake Blvd  
(Address)

Memphis, TN 38120  
(City/State and Zip Code)

For further information concerning this matter, please call:

Courtney Cooper at ( 901 ) 271-8891  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|---|--|--|--|

**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

**RESOLUTION TO WITHDRAW  
ALTERNATE NAME IN THE STATE OF  
FLORIDA PURSUANT TO  
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

Allen & Company, LLC

\_\_\_\_\_, a limited liability  
(Name of Limited Liability Company)

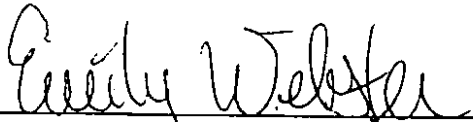
company duly organized and existing under the laws of Tennessee .

\_\_\_\_\_  
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Allen of TN, LLC

\_\_\_\_\_  
(Alternate Name Renounced in State of Florida)



11/5/2024

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

**Make check payable to Florida Department of State and mail to:**

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

OFFICE OF THE  
TALLAHASSEE, FLORIDA

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