

M24000005441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

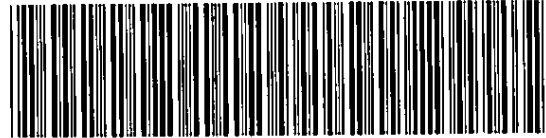
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400436631904

FILED

2024 OCT -2 AM 10:25

TALLAHASSEE, FLORIDA

RECEIVED

2024 OCT -2 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 10/2/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1298707

ORDER ENTITY

CHARLES STREET CO (FL) LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CHARLES STREET CO (FL) LLC (FL)

File the attached Resolution to Withdraw Alternate Name and provide a certified copy and certificate of status.

NOTES:

\$60.00 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: Charles Street Co (FL) LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M124000005441

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:

Michael Stringfellow

(Name of Contact Person)

Garfunkel Wild, PC

(Firm/Company)

111 Great Neck Rd., 6th Floor

(Address)

Great Neck, NY 11021-5406

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Stringfellow

(Name of Contact Person)

516

at (

(Area Code)

393.2578

(Daytime Telephone Number)

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

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

Charles Street Co (FL) LLC

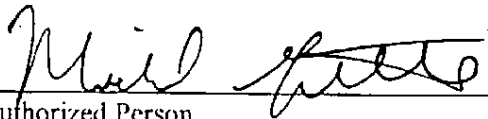
_____, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware
(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:

Charles Street Co (FL) LLC

(Alternate Name Renounced in State of Florida)



October 1, 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**

CR2FE128 (2/14)

TALLAHASSEE, FLORIDA

2024 OCT -2 AM 10:25

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