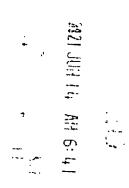
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Office Use Only



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O SIMMONS
JUL 14 2021

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: 8 to 3 Injectments (Name of Foreign Limited Liability Co | LLC ompany) |
| Dear Sir or Madam: | |
| The enclosed withdrawal and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Wayne Stronsky (Name of Person) | |
| 8 to 3 Investments, LLC (Firm/Company) | |
| 2006 Storyhill Rd, | |
| Hinckley Ohio 44233 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Wayne Stromsky at (330) (Name of Person) (Area Code & f | 235 - 2723 Daytime Telephone Number) |
| Registration Section F | street Address: Registration Section Division of Corporations |

Enclosed is a check for the following amount:

Tallahassee, FL 32314

P.O. Box 6327

□\$25 Filing Fee

☐ \$30 Filing Fee & Certificate of Status ☐\$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

2321 JUN 14 AM 6: 41

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| 8 to 3 Thuestments, LLC | |
|--|------------------------------|
| (Name of limited liability company) | |
| (Jurisdiction of its organization) | |
| (Jurisdiction of its organization) | |
| (Date registered with Florida Department of State) | |
| m 0400000 1169 | |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in thi Effective Date, if other than the date of filing: | (optional) date of filing or |
| Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Department | |
| (Signature of authorized representative) | |
| (Signature of authorized representative) | |
| Wayne Stromsky (Typed or printed name of signee) | |
| (Typed or printed name of signee) | |

Filing Fee: \$25.00