MIDDOLOGGII

(Re	equestor's Name)			
(Ad	ldress)	<u> </u>		
(Address)				
(Cit	ty/State/Zip/Phone	÷ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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COVER LETTER

	istration S ision of Co	ection orporations		
SUBJECT:	Ridema	akerz, LLC		
SOBOLCII		(Name of For	reign Limited Liability	Company)
Dear Sir or N	Madam:			
The enclosed	i withdraw	al and fee(s) are submitte	d for filing.	
Please return	all corres	pondence concerning this	matter to the following	; ;
Rudy Roo	delas			
		(Name of Person)		-
Ridemake	erz, LLC	;		
		(Firm/Company)		-
8191 Stra	awberry	Lane Suite 3		
	_	(Address)		-
Falls Chu	ırch VA	22042		
		(City/State and Zip Cod	le)	-
For further in	nformation	concerning this matter, p	lease call:	
Rudy Roo	delas		703	698-4059
	(Nam	e of Person)		Daytime Telephone Number)
Reg Div Clif 266	istration S ision of Co ton Buildin 1 Executiv	orporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a	a check fo	r the following amount:		
☑ \$25 Filing	g 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

Ridemakerz, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
11/9/11
(Date registered with Florida Department of State)
M1000000911
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Rudy Rodelas
(Typed or printed name of signee)

Filing Fee: \$25.00