M11000004313

(F	Requestor's Name)		
(/	Address)		
	Address)		
((City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(I	Business Entity Name)	<u></u>	
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions	to Filing Officer.		
		:	

Office Use Only



100321387441

12/05/18--01018--005 **25.00



BEC 11 2018

COVER LETTER

TO: Registratio Division of	n Section Corporations	·	,
SUBJECT:	147 PMPEI (Name of Fo	THES OF A	DOPKA LLC
	(Name of Fo	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdr	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the following	:
CAT	MY H. KROEI	ι/	
	(Name of Person)		
	I PROPERTIES	OF APOPKA	1.46
	(Firm/Company)		
Po	BOX 4344 (Address)		
	(Address)		
AFO	PKA [_ 5] (City/State and Zip Cod	2704	
- · · -	(City/State and Zip Cod	le)	
For further informat	ion concerning this matter, p	dease call:	
Lister	Vrien	407	. 788-6907
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
	COURIER ADDRESS:		ING ADDRESS:
	Registration Section Registration Section		
	Corporations	Division of Corporations	
Clifton Bui	lding itive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
	e, Florida 32301	1 (1)(11)	assee, Morida 32314
Enclosed is a check	for the following amount:		
S25 Filing 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

(Name of limited liability company)
STATE OF DELAWARE (Jurisdiction of its organization)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Date registered with Florida Department of State)
H11000004313
(Florida Document Number)
Effective Date, if other than the date of filing: Same in filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
(Typed or printed name of signee)

Filing Fee: \$25.00