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| PICK-UP |] WAIT | MAIL | | |
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| Special Instructions to Filing | Officer: | | | |
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SECRETARY OF STATE
TALLAHASSIE FL

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COVER LETTER

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| TO: Registration Division o | n Section f Corporations | | | | | |
|-----------------------------|--|--|--|----------------------|---------------------|---|
| Merid SUBJECT: | ian Design Build LLC | | | | | |
| SUBJECT: | (Name of Fo | reign Limited Liability | y Company) | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed withd | rawal and fee(s) are submitte | ed for filing. | | | | |
| Please return all cor | respondence concerning this | matter to the following | ng: | | | |
| Paul Chuma, Jr. | | | | | | |
| | (Name of Person) | | <u> </u> | | | |
| Meridian Design B | aild, Inc. | | | | | |
| | (Firm/Company) | | _ | က :H ^က | 202 | |
| 9550 W Higgins Ro | oad. Ste 400 | | | ATT. | 2022 NOV IL PH 1:57 | 1 |
| | (Address) | | _ | 135 135 135 | 1 | : |
| Rosemont, IL 6001 | 8 | | | | 1 Hd | |
| | (City/State and Zip Cod | le) | _ | 四层 | : 57 | |
| For further informat | ion concerning this matter, p | olease call: | | | | |
| Susan Harris | | 847 at (| 374-9200 | | | |
| (N | ame of Person) | | & Daytime Telephone Nu | amber) | | |
| Division P.O. Box | ion Section of Corporations | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 | | 810 | | |
| Enclosed is a check | for the following amount: | | | | | |
| ■\$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | ☐\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee. Certificate of S Certified Copy | Status & | | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Meridian Design Build LLC | |
|--|-------------|
| (Name of limited liability company) | |
| Illinois | |
| (Jurisdiction of its organization) | _ |
| 05/29/2012 | |
| (Date registered with Florida Department of State) | _ |
| M12000003030 S 28 | |
| (Florida Document Number) This limited liability company is withdrawing its certificate of authority in this state. | і. стеба |
| This limited liability company is withdrawing its certificate of authority in this state. | de series |
| Effective Date, if other than the date of filing: (optional) | [] [] |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filling of more than 90 days after filling.) | A.T. |
| 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 | S. |
| and date with not be inseed as the document seffective date on the 12epartment of State s records | • |
| FEDEN | |
| (Signature of authorized representative) | |
| Paul Chuma, Jr. | |
| (Typed or printed name of signee) | |

Filing Fee: \$25.00