

M16 000 000529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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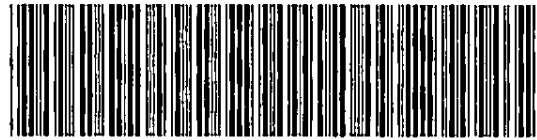
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 07 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORFORILAND PREMIUM, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adiel Gorel, Managing Member

(Name of Person)

ORFORILAND PREMIUM, LLC

(Firm/Company)

165 N. Redwood Dr. Suite 150

(Address)

San Rafael, CA 94903

(City/State and Zip Code)

For further information concerning this matter, please call:

Adiel Gorel, Managing Member

(Name of Person)

415

927-7504

at (_____) _____

(Area Code & Daytime Telephone Number)

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

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 Status & Certified Copy

FILED

2022 JAN 31 AM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ORFORILAND PREMIUM, LLC

(Name of limited liability company)

State of Delaware

(Jurisdiction of its organization)

February 9, 2012

(Date registered with Florida Department of State)

M16000000529

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

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 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.

Adiel Gorel, Managing Member
(Signature of authorized representative)

Adiel Gorel, Managing Member
(Typed or printed name of signee)

Filing Fee: \$25.00