M1700000 4320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
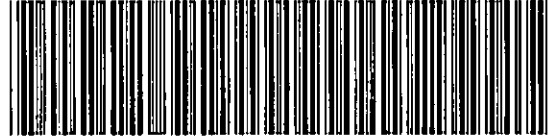
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ___JD Vrbo, 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:

___Jason Morgan___
(Name of Person)

___JD VRBO, LLC___
(Firm/Company)

___7S Lilac Ridge Ct.___
(Address)

___O Fallon, MO 63366___
(City/State and Zip Code)

For further information concerning this matter, please call:

___Jason Morgan___ at (_314_) _544-3012_
(Name of Person)   (Area Code & Daytime Telephone Number)

Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

[X] $25 Filing Fee   ☐ $30 Filing Fee &   ☐ $55 Filing Fee &   ☐ $60 Filing Fee,
                     Certificate of Status   Certified Copy   Certificate of Status &
                                                             Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JD URBO, LLC
_____
(Name of limited liability company)

MISSOURI
_____
(Jurisdiction of its organization)

6-17-2017
_____
(Date registered with Florida Department of State)
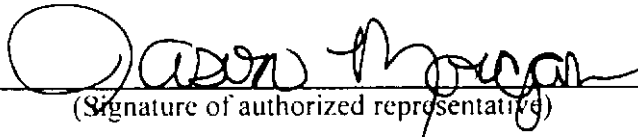
M17000064320
_____
(Florida Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL.

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

Effective Date, if other than the date of filing: _____7/23/21_____ (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)

Jason Morgan
_____
(Typed or printed name of signee)

Filing Fee: $25.00