(2)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



300376293233

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: June 24, 2021 ORDER TIME: 12:38 PM ORDER NO. : 879990-035 CUSTOMER NO: 8299397 FOREIGN FILINGS NAME: 1052 PARTNERS, LLC \_\_ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

CORPORATION SERVICE COMPANY

Tallahassee, FL 32301

1201 Hays Street

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

1052 Partners, LLC	
(Name of limited liability company)	
IL .	
(Jurisdiction of its organization)	
11/19/2020	
(Date registered with Florida Department of Stat	te)
M20000010631	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authori	ty in this state.
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be p more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable stathis date will not be listed as the document's effective date on the Dep	atutory filing requirements,
Signature of authorized representative)  Hereby Fox  (Typed or printed name of signee)	2021 MOV -8 AN

Filing Fee: \$25.00