## M21000014964

(Req	uestor's Name)	
(Add	ress)	
- (Add	ress)	
triad.	1033/	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Buc	iness Entity Nan	20)
(Dus	iness Enuty ivan	ne)
(Doo	ument Number)	
Certified Copies	Certificates	of Status
		1
Special Instructions to F	iling Officer:	

Office Use Only



600398248386

12 1-22-51-1-6



2022 DEC 13 PH12: 29

A. RIVERS MAR 3 - 2023

COVER	LETTER 11/28/202
TO: Registration Section Division of Corporations  Goen, LLC SUBJECT:	ason buen fam
	nited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to	the following:
Zebulon M. Winstead	
(Name of Person)	
Crowell and Owens, LLC	
(Firm/Company)	<del></del>
3416 North Blvd.	
(Address)	
Alexandria, LA 71301	
(City/State and Zip Code)	
For further information concerning this matter, please call	;
Zebulon M. Winstead	318 45-1488
(Name of Person)	(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:	

□\$55 Filing Fee & Certified Copy

☐ \$60 Filing Fee,

Certificate of Status & Certified Copy

■\$25 Filing Fee

☐ \$30 Filing Fee & Certificate of Status

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Goen, LLC	
(Name of limited liability company)	
Louisiana	
(Jurisdiction of its organization)	
11/09/2021	
(Date registered with Florida Department of State)	
M21000014964	
(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: 1/28/2022 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing of 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 Goen  (Typed or printed name of signer)	TIPTE

Filing Fee: \$25.00