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	(Requestor's Name)	
	(Address)	
	(Address)	
· ·	(City/State/Zip/Phone #)	···-
	, ,	
PICK-UP	WAIT	MAR
	(Business Entity Name)	
	(Document Number)	
· ·'ied Copies	_ Certificates of Sta	due
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Social Instructions to	Filing Officer:	
		

Office Use Only



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D CUSHING

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

TO Florida Department of State

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/29/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1108604

ORDER ENTITY RETURN VENTURES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

RETURN VENTURES LLC (FL)

File the attached withdrawal document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Peturn Vent (Name of For	tures U		
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	respondence concerning this	matter to the followin	g:	
·DAVI	O GOUDIN (Name of Person)		_	
Delan	Vare - (Firm/Company)		_	
170 NE	= 2nd St.	Suit ?	74	
BOCA	(Address) RATOW (City/State and Zip Cod	FL 35	3429	2022 DEC 29
For further informati	ion concerning this matter, p	lease call:		; 9
DANO	GO W) IW ame of Person)	at (Area Code a	6 9 9 155 2 Duytime Telephone Number)	7
Division P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S 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	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Return Ventures LC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
1/20/22
(Date registered with Florida Department of State)
M22600000984
(Florida Document Number)
Effective Date, if other than the date of filing: 22 (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.
DEC 29
(Signature of authorized representative)
on Dann-mentor
(Typed or printed name of signee)

Filing Fee: \$25.00