M25 000 004 370

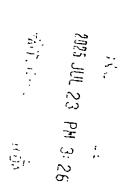
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200451960922

97/74/25--01992 -002 1169 00



COVER LETTER

TO: Registration Division of	n Section Corporations		
QUAL SUBJECT:	ITY OSCEOLA POLK LLO		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the followin	g:
William Goodman			
	(Name of Person)		_
QUALITY CONST	RUCTION DEVELOPMEN	TTS LLC	
	(Firm/Company)		_
453 Ravensdale Driv	v'e		
	(Address)		_
Mountain View, CA	94043		
	(City/State and Zip Cod	c)	-
For further informati	ion concerning this matter, p	olease call:	
William Goodman		650 at (279-7173
(N	ame of Person)	(Area Code d	& 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

QUALITY OSCEOLA	POLK LLC		
	(Name of limited liability co	mpany)	•
California			
	(Jurisdiction of its organiz	ation)	
MARCH 26, 2025			
	(Date registered with Florida Depar	rtment of State)	
M25000004370			
	(Florida Document Num	nber)	
If an effective date is nore than 90 days aft lets: If the date inset	er than the date of filing: July 23, 2025 is listed, the date must be specific and ter filing.) Ited in this block does not meet the a sted as the document's effective dat	applicable statutor	y filing requirements
	William Goodson	an	· · · · · · · · · · · · · · · · · · ·
	(Signature of authorized re	epresentative)	•
	WILLIAM GOOD	lman	
_ 	(Typed or printed name	e of signee)	: