

K17 UCC016556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

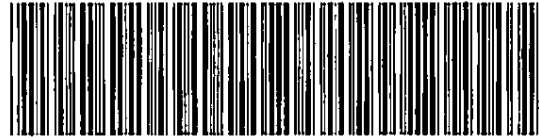
(Document Number)

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2022 APR 29 PM 3:12

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JUN 22 2022

S. PRATHER

COVER LETTER

TO: Registration Section  
Division of Corporations

Please Do not  
Send any mail  
To This Address

SUBJECT: A.J. MILLER EXPEDITING LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARAH MAE BATTEN  
Name of Person

SECRETARY / A.J. MILLER, EXPEDITING LLC  
Firm/Company

5348, 18TH. ST. S.W.  
Address

MAPLE'S Florida 34116  
City/State and Zip Code

sbatten24@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah mae BATTEN at (352) 321-0218  
Name of Person Area Code Daytime Telephone Number

send any  
correspondence  
to  
The address  
100, Pine  
Crest Lane  
Glenlyn, Va  
24093

**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

### WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

**FIRST:** The name of the limited liability company is: A.J. Miller, Expediting LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000016856

**THIRD:** The record to be withdrawn is: A.J. MILLER, EXPEDITING LLC  
5348 18th. Ct. S.W. Naples Florida 34116

**FOURTH:** Please check the appropriate box

☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn.

or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record.

Sarah Mae Batten

Signature of person submitting withdrawal

SARAH MAE BATTEN

Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

Filing fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E140 (2/14)

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TALLAHASSEE, FLORIDA

2022 APR 29 PM 3:12

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