## MOIOCOCOIOM

	(Requestor's Name)	
•	(Address)	
	(Address)	
	( ,	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	·	
<u>.</u>		

Office Use Only



200285111432

-05,103,16--01007--003 \*\*25.00 05|05|16

FILL P 3: 28.

RETARY OF STATE

TALLAHASSEP TOTALL

MAY 0 3 2016

**3 MASON** 

## **COVER LETTER**

Division of	Corporations		
Kissii SUBJECT:	mmee Value Outlet S	hops, LLC	
SUBJECT:	(Name of For	eign Limited Liability	(Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fec(s) are submitte	d for filing.	
Please return all corr	respondence concerning this	matter to the following	ng:
Christina O'Cor	nnor		
	(Name of Person)		<del></del>
SugarOak Man	agement Services, LI	_C	
	(Firm/Company)		_
481 Carlisle Dr	ive		
	(Address)		_
Herndon, VA 2	0170		
	(City/State and Zip Cod	le)	_
For further informat	ion concerning this matter, p	dease call:	
Christina O'Cor	nnor	703	435-9335
(N	ame of Person)		& Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Exect	Corporations	Reg Divi P.O.	istration Section sion of Corporations Box 6327 ahassee, Florida 32314
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

Kissimmee Value Shops, LLC
(Name of limited liability company)
Virginia
(Jurisdiction of its organization)
03/29/2001
(Date registered with Florida Department of State)
M0100000710
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
·
Christina O'Connor
(Typed or printed name of signee)

Filing Fee: \$25.00

MIN HAY -2 P 3: 28
MEGRETARY OF STATE