## M02600001746

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
•	•	•
PICK-UP	☐ WAIT	MAIL
(D.		
(Bu	siness Entity Nar	пеј
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
1		

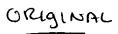
Office Use Only



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## **COVER LETTER**

TO: Registration Division of	on Section f Corporations		
JLPK- SUBJECT:	-Jacksonville LLC		
	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all con	respondence concerning this	matter to the following:	
Pam Lillie			
	(Name of Person)		
Legal Department			
	(Firm/Company)		
4300 E. Fifth Aven	ue		
<del> </del>	(Address)		
Columbus OH 432	19		
	(City/State and Zip Coo	le)	
For further informa	tion concerning this matter, p	lease call:	
Pam LIllie		614 at (	449-4328
1)	Name of Person)		Daytime Telephone Number)
Registratio Division o Clifton Bu 2661 Exec	f Corporations	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
	k 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

JLPK-JACKSONVILLE LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
5/28/2002	
(Date registered with Florida Department of State)	
M02000001346	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in t	this state.
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutor this date will not be listed as the document's effective date on the Department.	y filing requirements,
(Signature of authorized representative)	
(Signature gryannen seu representative)	<b>ं</b>
Tod H. Friedman, Secretary	<b>7</b>
(Typed or printed name of signee)	NOTE OF STANKES SEEL FLORES

Filing Fee: \$25.00