

MO 7000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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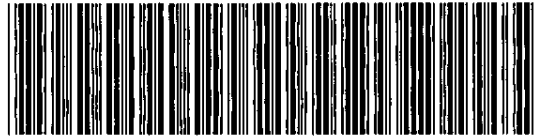
(Business Entity Name)

(Document Number)

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DATE: 12-04-14

NAME: KOONS FORD, LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00 + 30.00

RETURN: CERTIFIED COPY PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

*Abbie Hodge*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KOONS FORD, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

Capitol Services, Inc.

\_\_\_\_\_  
(Firm/Company)

800 Brazos, Suite 400

\_\_\_\_\_  
(Address)

Austin, TX 78701

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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**

KOONS FORD, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

JANUARY 7, 2003

(Date registered with Florida Department of State)

M03000000052

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

*Beth Sibley*

(Signature of authorized representative)

Beth Sibley, Secretary of Group 1 FL Holdings, Inc., Sole Member

(Typed or printed name of signee)

Filing Fee: \$25.00

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