

MO3 000002568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

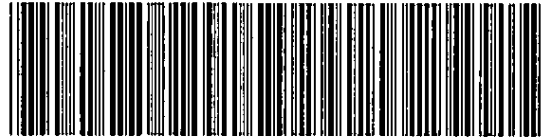
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500379601145

01/14/22--01013--012 **25.00

FILED

2022 JAN 14 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FL

Withdrawal

FEB 02 2022

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moon Rentals, 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:

Marsha N. Ryan
(Name of Person)

Moon Rentals, LLC
(Firm/Company)

34926 Valley Forge Dr.
(Address)

Farmington Hills, MI 48331
(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha N. Ryan at (248) 514-5727
(Name of Person) (Area Code & 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 & ☐ \$55 Filing Fee & ☐ \$60 Filing Fee,

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Moon Rentals, LLC

(Name of limited liability company)

Michigan

(Jurisdiction of its organization)

July 28, 2003

(Date registered with Florida Department of State)

MO3000002568

(Florida Document Number)

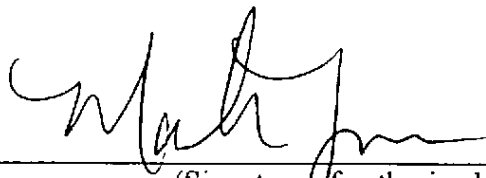
FILED
2022 JAN 14 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Marsha N. Ryan

(Typed or printed name of signee)

Filing Fee: \$25.00