M04000000097

(Requestor's N	ame)	
(Address)		
(Address)		
(City/State/Zip/	Phone #)	
PICK-UP WA	IT MAIL	
(Business Enti	ty Name)	
(Document Number)		
Certified Copies Certif	ficates of Status	
Special Instructions to Filing Officer:		





400338270374

91/02/20--01011--001 **25.00

R WHITE.

2020 J. 1: 22 PH 1: 23

COVER LETTER

Division of (•
SUBJECT: 73	Name of Fore	و كاسيك eign Limited Liability	
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	d for filing.	
Please return all corre	spondence concerning this	matter to the followin	g:
Jin	(Name of Person)		_
7342	WEEDING W	nou L	_
	(Firm/Company)		_
3857	FAQ HILL De	2, U E	_
	(Address)		+
	(City/State and Zip Code	e)	_
For further information	on concerning this matter, p	lease call:	
	me of Person)	at (248 (Area Code &) 433-4585 Daytime Telephone Number)
P.O. Box 6	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check t	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

7342 WEEPING WILLOW LIC	
(Name of limited liability company)	
Michigan	
(Jurisdiction of its organization)	
01/05/2004	
(Date registered with Florida Department of State)	
Mo400000097	
(Florida Document Number)	
(If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.)	optional) filing or
Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of States.	=
this date will not be fisted as the document's effective date on the Department of Sta	11c 3 (ccolus.
(Signature of authorized representative)	020 J.":-2 PM 1:3
Ju W. Cara	2
(Typed or printed name of signee)	

Filing Fee: \$25.00