

M04 000000 2296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

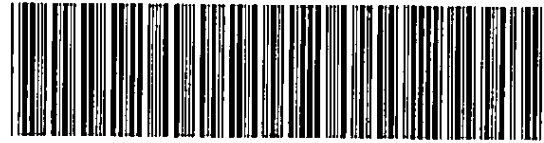
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 APR 15 PM 12:07

AUG 11 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Ribbon Sebastian 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:

John W. Wilcox III
(Name of Person)

ARS VENTURES, LLC
Blue Ribbon Sebastian
(Firm/Company)

PO BOX 550549
(Address)

ATLANTA, GA 30355
(City/State and Zip Code)

For further information concerning this matter, please call:

John W. Wilcox III at (404) 812-4630
(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 & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Blue Ribbon Sebastian, LLC
(Name of limited liability company)

State of Georgia
(Jurisdiction of its organization)

6-11-2004
(Date registered with Florida Department of State)


MD4000002286
(Florida Document Number)

2021 APR 15 PM 12:07
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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)

John W. Wilcox III
(Typed or printed name of signee)