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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

	gistration S vision of Co			
SUBJECT:		onville - St. Johns, LLC		
SOBJECT.		(Name of For	eign Limited Liability	Company)
Dear Sir or	Madam:			
The enclose	d withdraw	al and fee(s) are submitte	d for filing.	
Please return	n all corresp	oondence concerning this	matter to the followin	g:
Celia I., Tui	lly			
		(Name of Person)		_
Natural Boo	ly Internatio	onal, Inc.		
		(Firm/Company)		_
1123 Zonol	ite Rd., Suit	te 18		
		(Address)		_
Atlanta, GA	30306			
		(City/State and Zip Cod	c)	_
For further i	nformation	concerning this matter, p	lease call:	
Celia Tully			404 at (245-2717
	(Name	of Person)		& Daytime Telephone Number)
Re Di P.0	O. Box 63	Section 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 for	the following amount:		
□\$25 Filin	g Fee 🛚 🗓	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2021 FEB 10 AM 7: 55

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

4 - 1 - 2

B Jacksonville - St. Johns, LLC
(Name of limited liability company)
eorgia
(Jurisdiction of its organization)
12/2005
(Date registered with Florida Department of State)
05000000340
(Florida Document Number)
ffective Date, if other than the date of filing:
(Signature of authorized representative) CECIA L. TULY (Typed or printed name of signee)

Filing Fee: \$25.00