

MD5000006921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

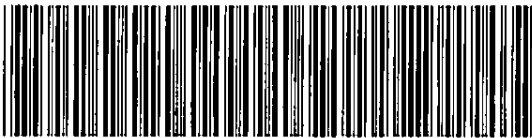
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 19 2025

Office Use Only



100454996791

RECEIVED  
2025 AUG 18 PM 3:49  
OFFICE OF THE CLERK  
DEPARTMENT OF REVENUE

FILED  
2025 AUG 19 AM 11:37

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : 8/18/25

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: Kancov Investment GP LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
\_\_\_\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON:

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kancov Investment GP 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:

Arlene Schnaidt

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

Kancov Investment GP LLC

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

27750 Stansbury, Suite 200

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

Farmington Hills, Michigan 48334

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

For further information concerning this matter, please call:

Arlene Schnaidt 248 579-1077  
\_\_\_\_\_  
(Name of Person) at (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

2025 APR 18 11:37

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Kancov Investment GP LLC

(Name of limited liability company)

Michigan

(Jurisdiction of its organization)

March 28, 2003

(Date registered with Florida Department of State)

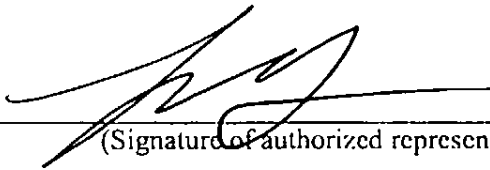
M05000006927

(Florida Document Number)

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)

Leonard C. Gyselinck Revocable Living Trust, Member

(Typed or printed name of signee)

Filing Fee: \$25.00

WD-439617