

M05 0000007118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

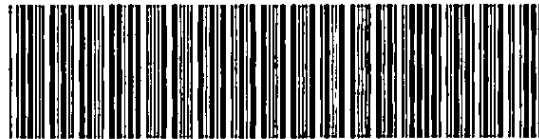
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING OFFICE
TALLAHASSEE, FL

D. BRUCE
JUN 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4052345 East DE 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:

Kimberlee Jones

(Name of Person)

The Jim Pattison Group

(Firm/Company)

1800-1067 West Cordova Street

(Address)

Vancouver, BC V6C 1C7 Canada

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberlee Jones

(Name of Person)

604

at (

488-5212

) _____
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

4052345 East DE LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 28, 2005

(Date registered with Florida Department of State)

M050000071

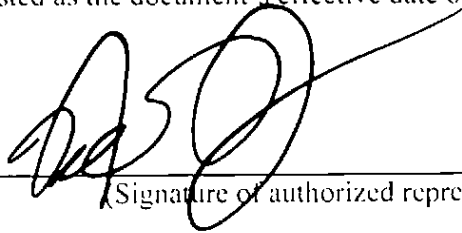
(Florida Document Number)

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)

Nick Desmarais / Secretary

(Typed or printed name of signee)

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TALLAHASSEE, FL
CLERK OF THE COURT

FILED

Filing Fee: \$25.00

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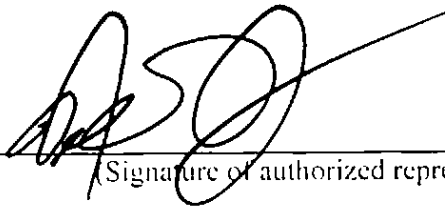
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(Signature of authorized representative)

Nick Desmarais / Secretary

(Typed or printed name of signee)

TALLAHASSEE, FL
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2021 APR 19

Filing Fee: \$25.00