

M06000004968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

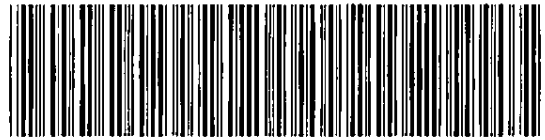
(Business Entity Name)

(Document Number)

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2023 OCT 16 PM 4:21  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRISE 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:

Kelly Burton  
\_\_\_\_\_  
(Name of Person)

c/o GrayCo, Inc.  
\_\_\_\_\_  
(Firm/Company)

1700 Bayberry Court, Suite 300  
\_\_\_\_\_  
(Address)

Richmond, VA 23226  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Burton 804 622-2042  
\_\_\_\_\_  
(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:**

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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GRISE LLC

(Name of limited liability company)

Virginia

(Jurisdiction of its organization)

September 11, 2006

(Date registered with Florida Department of State)

M06000004968

(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.

Kelly D. Burton  
(Signature of authorized representative)

Kelly D. Burton

(Typed or printed name of signee)

FILED  
2023 OCT 16 PM 4: 21  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**