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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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L. E. LARY NE STATE

L. E. LARY NE STATE

Y SULKER JAN 0 - 7072 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 354418 AUTHORIZATION : COST LIMIT : ORDER DATE: December 29, 2021 ORDER TIME : 4:20 PM ORDER NO. : 354418-060 CUSTOMER NO: 4302990 FOREIGN FILINGS NAME: PREFERRED FREEZER SERVICES OF JACKSONVILLE, LLC ___ CORPORATE _ LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ___ PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

| | istration S ision of Co | ection orporations | | | |
|--|----------------------------|--|----------------------|----------------------|--|
| SUBJECT: | Preferre | d Freezer Services of J | lacksonville | e, LLC | |
| SOBJECT. | | (Name of For | reign Limite | d Liability | Company) |
| Dear Sir or M | 1adam: | | | | |
| The enclosed | withdraw | al and fee(s) are submitte | ed for filing. | | |
| Please return | all corres | pondence concerning this | matter to th | ie followin | g: |
| Anthony Le | bron | | | | |
| | | (Name of Person) | | | _ |
| c/o LATHAI | M & WAT | KINS LLP | | | |
| | | (Firm/Company) | ·· | | _ |
| 355 S. Gran | nd Ave., S | S-100 | | | |
| | | (Address) | | • | _ |
| Los Angele | s, CA 900 | 071 | | | |
| | | (City/State and Zip Cod | le) | | _ |
| For further in | formation | concerning this matter, p | olease call: | | |
| Anthony Le | bron | | 2 at (| 13 | 485-1234 |
| | (Nam | e of Person) | | Area Code & | è 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 fo | r the following amount: | | | |
| □\$25 Filing | Fee ! | □ \$30 Filing Fee & Certificate of Status | ≣\$55 Fil Certifi | ing Fee & ed Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Preferred Freezer Services of Jacksonville, ELC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| 11/15/2006 |
| (Date registered with Florida Department of State) |
| M0600006305 |
| (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: 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, his date will not be listed as the document's effective date on the Department of State's records. |
| (Signature of authorized representative) |
| Michelle Domas |
| (Typed or printed name of signee) AM 10: 5: FL. S. |

Filing Fee: \$25.00