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ECRETARY OF STATE

D. SCOTT MAR 2 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

ACCOUNT NO. : 12000000195 REFERENCE : 564-1-11/ AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: March 21, 2017 ORDER TIME : 3:43 PM ORDER NO. : 564111-005 CUSTOMER NO: 7270455 FOREIGN FILINGS NAME: ASA KOHL'S SANFORD, LLC CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

COVER LETTER

TO: Registration Division o	on Section f Corporations			•
ASA	Kohl's Sanford, LLC			
SUBJECT:	(Name of Fo	oreign Limited Liability	Сопрацу)	
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	s matter to the following	z:	
AnnMarie Mizu	INO			
	(Name of Person)		-	
Persis Corpora	ation			
·	(Firm/Company)		-	7 S 7
900 Fort Street	t Mall-Suite 1720			MAR 21 M 7: 59 CRETARY OF STATE LLANASSEE, FLORIDA
	(Address)		-	A 21 M LARY OF LASSEE.
Honolulu, HI 96	6813			EC.F.S
	(City/State and Zip Co	de)	•	95.
For further informat	ion concerning this matter, p	olease call:		DA 39
AnnMarle Mizu	ino	808 a) (599-8061	
(N	Inne of Person)		Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Execu	Corporations	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	
Enclosed is a check	for the following amount:	1		
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	Cl \$55 Filing Fee & Certified Copy	Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ASA Kohl's Sanford, LLC	
(Name of limited liability company)	
DE .	
(Jurisdiction of its organization)	
11/15/2007	
(Date registered with Florida Department of State)	
M0700006743	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
, , , , , , , , , , , , , , , , , , , ,	
LAISTON MANSON	T'SE
(Cyried or printed name of signee)	<u> </u>

Filing Fee: \$25.00