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(Requesto	r'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:			

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2021

BRENNEN RANDQUIST 23550 CENTER RIDGE RD, STE 104 WESTLAKE, OH 44145

SUBJECT: CORVUS OF ORLANDO LLC

Ref. Number: M09000001701

We have received your document for CORVUS OF ORLANDO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 521A00012583

2021 JUE -9 PH 2:31

COVER LETTER

	ion Section of Corporations			
SUBJECT:		of Un do	LLC Company)	
Dear Sir or Madai	m:			
The enclosed with	ndrawal and fee(s) are submitted	I for filing.		
Please return all c	orrespondence concerning this i	matter to the following	<u>:</u>	
	(Name of Pelson)		-	
<u>Corvus</u>	S Holdings L (Firm/Company)	LC_	-	
23550	(Address)	-	Ste 104	
west lay	C, OH 4414 (City/State and Zip Code		-	
	aution concerning this matter, pl		216-2410 Daytime Telephone Number)	2021 JUR -9
Mailing Registra Divisio P.O. Bo	(Name of Person)	(Area Code &	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see
Enclosed is a che	eck for the following amount:	Previously	Paid	
X\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Conv	:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CORVUS of Orlando, LLC (Name of limited liability company)	_
(Name of limited liability company)	
(Jurisdiction of its organization)	
a	
(Date registered with Florida Department of State)	
M09000017-01	
(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 more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing require this date will not be listed as the document's effective date on the Department of State's.	
(Signature of authorized representative)	
Blennen Randquist (Typed or printed name of signee)	

Filing Fee: \$25.00