

M100000000632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

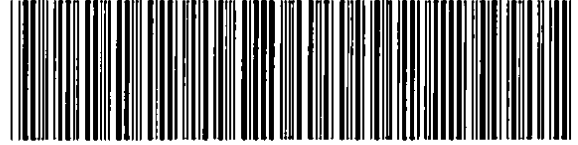
(Business Entity Name)

(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

Attached are the form and instructions to **withdraw and cancel the certificate of authority of a foreign limited liability company**. The requirements are as follows:

- Pursuant to s. 605.0910, Florida Statutes, the attached withdrawal application must be completed in its entirety.
- The fees are as follows:

\$25.00 Filing Fee

~~\$30.00 Certified Copy (optional)~~

\$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon withdrawal. Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application and check. The mailing address and courier address are noted below.
- Please send the application to:

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

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Big Kansas Service LLC

(Name of limited liability company)

State of Kansas

(Jurisdiction of its organization)

2/8/2010

(Date registered with Florida Department of State)

1110000000632

(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: ~~March 1, 2023~~ NOV 20 2023 ^{BU} (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)

Michael D Lomeli

Michael D. Lomeli

(Typed or printed name of signee)

Filing Fee: \$25.00