M1000000 2922

(Requestor's Name)					
(Address)					
(Address)					
(Addiesa)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dasiness Line, Name)					
(Document Number)					
Certified Copies Certificates of Status					
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16 DEC 27 PH 1:55
SECRETARY OF STATE
TALLAHASSEE FLORINA

COVER LETTER

	Registration Sect Division of Corp				
SUBJEC	ст: <u>Р</u>	ersimmon Cap	Hal Party eign Limited Liab	ers, La ility Comp	any)
Dear Sir	or Madam:				
The enclo	osed withdrawal	and fee(s) are submitted	d for filing.		
Please re	turn all correspor	ndence concerning this	matter to the follo	owing:	
	Josep	Name of Person)	<u> </u>		
	Persin	nmon Capit	al Partn	evs, C	LC
		(Address)		o 1	
		(City/State and Zip Code			
		Of Person)		8 S	51 8093
		RIER ADDRESS: ion orations	N R I P	MAILING Registration Division of P.O. Box 63	ADDRESS: Section Corporations
	Tallahassee, Flor				,
□ \$ 25 Fi	J	\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Cop	у	\$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Persimmon Copital Partners, LLC (Name of limited liability company)			_
Mary land (Jurisdiction of its organization)			_
			_
(0/29/20/0 (Date registered with Florida Department of State)			_
M 1000002922 (Florida Document Number)	<u>,,,,,</u>		
This limited liability company is withdrawing its certificate of authority in this state	;.		
1/12900	IAI IAI		
(Signature of authorized representative)	-CG	0	
William P. Angricle	RETAI	16 BEC 27	n , are in .
(Typed or printed name of signee)	SEE		Tr. range
	7.05	PM	
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Filing Fee: \$25.00