## M11000000674

	(Barrier de Name)
	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Pflorie #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Ceranieu Copies	
Special Instructions to	Filing Officer:
•	

Office Use Only



700416136247

2029 SEP 26 AM II: 40

FILED
2023 SEP 26 AM II: 40





To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 09/26/23 Order #: 1283277-1 Re: Jolli Four, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: ne Le man

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	Jolli Four	oreign Limited Liabili	ty Company)
Dear Sir or Madar			
The enclosed with	drawal and fee(s) are submit	ted for filing	
	orrespondence concerning th	_	ing:
M	irta Macial (Name of Person)		
En	Trust Glabo (Firm/Company)	J	_
375	Park Ave.,	24th Fl.	
New	Vor K M (City/State and Zip/Co	10152	_
For further informa	tion concerning this matter.	please call:	
Mirta	Maciak Name of Person)	at ( <u>212</u>	224 - 5521 & Daytime Telephone Number)
Division P.O. Box	ddress: ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	★ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Jolli Four, LL	C			
	(Name of limited liability company)			_
Delaware, Ur	nited States			
	(Jurisdiction of its organization)			=
02/10/2011				
	(Date registered with Florida Department of State)			_
М110000006	74			
<del></del> .	(Florida Document Number)	_		-
This limited	liability company is withdrawing its certificate of authority in this sta	ite.		
Effective Da (If an effective more than 90	te, if other than the date of filing: 09/14/2023  we date is listed, the date must be specific and cannot be prior to date days after filing.)  date inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of Signature of authorized representative)	_ (option of filing g require	or ments.	
	(Typed or printed name of signee)	TALLAHASSEE, FLORIDA	2023 SEP 26 AM 11: 40	TICO

Filing Fee: \$25.00