M1100000 3577

(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;						

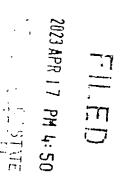




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6/20/23 Vul



COVER LETTER

TO:		ration S on of C	Section orporations			•		
CIIDIE		KBL JAX PARTNERS, LLC						
SUBJE	.C1:		(Name of For	eign Limi	ted Liability	Company)		
Dear Si	гот Ма	danı:						
The end	losed v	vithdrav	val and fee(s) are submitte	d for filing	<u>.</u> .			
Please :	return a	ll corres	pondence concerning this	matter to	the following	:		
Nichola	us V. Pi	ilignanc	o, Jr.					
			(Name of Person)	··		-		
Marks	Gray, P	. A .						
			(Firm Company)			-		
1200 R	iverpla	ce Blvd	., Suite 800					
	···		(Address)			-		
Jackson	nvil le, l	L 3220	7					
			(City/State and Zip Coo	de)		-		
For fur	ther inf	ormatio	n concerning this matter.	please call	:			
Nichol	las V. P	ulignan	o, Jr.	at (904	807-2105		
		(Nat	ne of Person)		(Area Code &	: Daytime Telephone Number)		
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		
Enclos	ed is a	check f	or the following amount	:				
■ \$25	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status		filing Fee & tified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KBL JAX PART	TNERS, LLC	
	(Name of limited liability company)	~
		2023 AP 8550
Delaware		
	(Jurisdiction of its organization)	70
July 14, 2011		
	(Date registered with Florida Department of State)	
M11000003577		TOTAL NEW YORK
	(Florida Document Number)	THE CO
(If an effectiv more than 90 Note: If the d	c, if other than the date of filing: re date is listed, the date must be specific and cannot be prior to days after filing.) late inserted in this block does not meet the applicable statutory into the listed as the document's effective date on the Department.	filing requirements,
	(Signature of authorized representative)	
	(Typed or printed name of signee)	

Filing Fee: \$25.00