

M11 000000 3661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

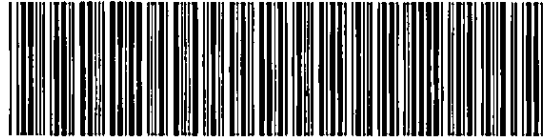
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700352408487

09/25/20--01021--001 **25.00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

2020 SEP 25 PM 12:37

FILED

D. BRUCE

NOV 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVION SPIRITS LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Mayers

(Name of Person)

Pernod Ricard USA, LLC

(Firm/Company)

250 Park Ave., 17th Floor

(Address)

New York, NY 10177

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Mayers

(Name of Person)

519

561-5225

at (

(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

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

RECEIVED
TALLAHASSEE, FL
SEP 25 2020

2020 SEP 25 PM 12:37

FILED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AVION SPIRITS LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

07/20/2011

(Date registered with Florida Department of State)

M11000003661

(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: _____ (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.

S. Mayers

(Signature of authorized representative)

Sharon Mayers, Secretary

(Typed or printed name of signee)

FILED
2020 SEP 25 PM 12:38
TALLAHASSEE, FL

Filing Fee: \$25.00