## M11000003782

(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:	$\neg$			
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## COVER LETTER

Division o	of Corporations			
SUBJECT:	CN6	Tavestmen reign Limited Lightling	45 11c (mo)	
	(ivalie of ro	reigh Enimed Liability C	.Ompany)	
Dear Sir or Madam	:			
The enclosed with	lrawal and fee(s) are submitte	d for filing.		
Please return all co	rrespondence concerning this	matter to the following:		
	Dene Nelsa (Name of Person)	N		
	(Name of Person)			
W)	veo Freewori (Firm/Company)	Ks INT.		
5200 4	(Address)	MALL, STE	114	
Proirie	City/State and Zip Coc	13- 664 (e)	07-25/Z	
For further informa	tion concerning this matter, p	lease call:		
Gene	Nelson	at ( <u>913)</u>	Daytime Telephone Number)	
(;	Name of Person)	(Area Code &	Daytime Telephone Number)	
Registration Division of Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations oilding cutive Center Circle re, Florida 32301	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, Florida 32314	
	k 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	

TO:

Registration Section

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	
(Name of limited liability company)	
mo	
(Jurisdiction of its organization)	
2/26/2011	
(Date registered with Florida Department of State)	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	1.
Effective Date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirent this date will not be listed as the document's effective date on the Department of State's recommendate.	
Signature of outhorized representative)	
(Signature of authorized representative)	
_ Gene Nolson	
(Typed or printed name of signee)	

Filing Fee: \$25.00