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ALLAHASSEL, FLUITE

Wilhdrawal

DEC 13 1021

I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 292772

7261887

AUTHORIZATION

COST LIMIT

ORDER DATE: December 10, 2021

ORDER TIME : 10:32 AM

ORDER NO. : 292772-065

CUSTOMER NO: 7261887

FOREIGN FILINGS

NAME: POPCORNOPOLIS, LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

	ision of	Copporations		
SUBJECT:		ORNOPOLIS LLC		
SUBJECT.		(Name of Fo	reign Limited Liability	(Company)
Dear Sir or l	Madam:			
The enclosed	d withdra	wal and fee(s) are submitt	ed for filing.	
Please return	a all corre	espondence concerning thi	s matter to the following	ng:
ERICA SM	ITH		•	
		(Name of Person)		
Corporation	n Servic	e Company		
-	_	(Firm/Company)		_
1201 Hays Street				· ·
	-	(Address)		_
Tallahasse	e, FL 32	301		
		(City/State and Zip Co	de)	_ `
For further i	nformatio	on concerning this matter,	please call:	
ERICA SM	ITH		215 at (323.9212
	(Na	me of Person)		& 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 i	for the following amount	:	
□\$25 Filin	g 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

	5
POPCORNOPOLIS LLC	
(Name of limited liability comp	pany)
DELAWARE	pany) 10 13.7 (2.7) (2.7
(Jurisdiction of its organization	on)
11/12/2010	^2
(Date registered with Florida Departm	ent of State)
4056343-3	
(Florida Document Number	r)
This limited liability company is withdrawing its certificate of	of authority in this state.
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and camore than 90 days after filing.) Note: If the date inserted in this block does not meet the applithis date will not be listed as the document's effective date of	icable statutory filing requirements, in the Department of State's records.
(Signature of authorized repre	
Claudia V. Coscia	
(Typed or printed name of	signee)

Filing Fee: \$25.00