

M11000005631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

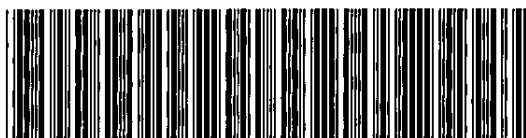
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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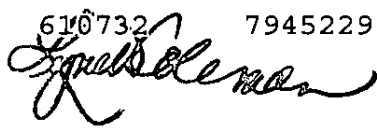
DEPARTMENT OF STATE
EMBASSY, WASHINGTON, D.C.
17 APR 26 AM 8:41

APR 27 2017
Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 610732 7945229

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : April 21, 2017

ORDER TIME : 2:50 PM

ORDER NO. : 610732-010

CUSTOMER NO: 7945229

DOMESTIC FILINGS

NAME: JAHN641BC, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: _____



610732

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date.

SUBJECT: JAHN641BC, LLC
Ref. Number: M11000005631

We have received your document for JAHN641BC, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 217A00007858

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JAHN641BC, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

November 8, 2011

(Date registered with Florida Department of State)

M11000005631

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Konrad E. Tree

(Typed or printed name of signee)

17 APR 20 AM 8:51
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-11 BY 1043
FLORIDA

Filing Fee: \$25.00