## M120000 01502

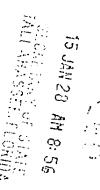
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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## **COVER LETTER**

TO:

TO:	Registration Division of	n Section Corporations		
SUBJE	HA	ARBIN JAX, LLC		
SUDJE		(Name of For	reign Limited Liability (	Company)
Dear Si	r or Madam:			
The end	losed withdr	awal and fee(s) are submitte	d for filing.	
Please 1	return all cor	respondence concerning this	matter to the following	:
JOE	EL CHAM	BERLAIN		
		(Name of Person)		•
GUNI	NCHAMB	ERLAIN, P.L.		
		(Firm/Company)		
4350	PABLO F	PROFESSIONAL COL	JRT #200	
		(Address)		
JACK	SONVILL	.E, FL 32224		
		(City/State and Zip Cod	le)	•
For furt	ther informat	ion concerning this matter, p	lease call:	
JOEL CHAMBERLAIN			904 at (	296-2024
	(N	lame of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	ed is a check	s for the following amount:  \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HARBIN JAX, LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
03/15/2012	
(Date registered with Florida Department of State)	
M12000001502	
(Florida Document Number)	

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

(Signature of authorized representative)

(Typed or printed name of signee)

Filing Fee: \$25.00