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Office Use Only



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16 AUG 15 PH 4: 32

NE 17 ONE L. HARRIS

COVER LETTER

TO:

| TO: | | stration : sion of C | Section orporations | | | |
|--|----------|-------------------------|--|---|--------------------------------|--|
| SUBJE | CT: | Reed I | Rental Properties, LI | LC | | |
| | | | (Name of For | eign Limited Liabil | lity Company) | |
| Dear Si | r or M | adam: | | | | |
| The end | closed | withdrav | val and fee(s) are submitted | d for filing. | | |
| Please r | return a | all corre | spondence concerning this | matter to the follow | ving: | |
| Patric | k Re | ed | | | | |
| | | | (Name of Person) | | | |
| Reed | Ren | tal Pro | perties, LLC | | | |
| · · · | | | (Firm/Company) | | | |
| 13330 |) Am | berly F | Road | | | |
| | | | (Address) | | | |
| Wave | rly, N | NE 684 | 62 | | | |
| | • | | (City/State and Zip Cod | e) | | |
| For furt | her int | formatio | n concerning this matter, p | lease call: | | |
| John | Rein | sch | | 402 at (| 786-3333 | |
| | | (Nar | ne of Person) | (Area Coo | de & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | | Section Corporations ing ve Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| | | | or the following amount: | | | |
| \$25 1 | Filing | Fee | ☐ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee Certified Copy | | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Reed Rental P | roperties, LLC | | | |
|---------------|--|--|--------------------|-------|
| | (Name of limited liability company) | | | |
| Florida | | | | |
| | (Jurisdiction of its organization) | ··· | | |
| 04/05/2012 | | | | |
| <u></u> | (Date registered with Florida Department of State) | | | |
| M1200000194 | 5 | | | |
| | (Florida Document Number) | | | |
| | Baky | | | |
| _ | (Signature of authorized representative) | | | |
| P | atrick Reed | | | |
| | (Typed or printed name of signee) | SECKETAEN AF STATE IALLAHASSEE FLORID | 16 AUG 15 PH 4: 31 | enn e |

Filing Fee: \$25.00