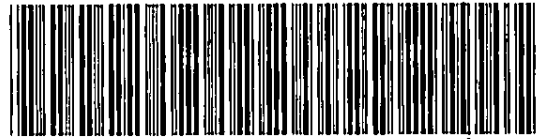


**MI200000 5388**



000323213170

\_\_\_\_\_  
(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:

Office Use Only

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2019 JAN 24 PM 1:16  
STATE OF MICHIGAN

FILED

*Withdrawal*

FEB 01 2019  
ALBRITTON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ROGGENDORF FINE ART - MASTER PACKER, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph H. Brown  
(Name of Person)

Blount Law, PL  
(Firm/Company)

809 Walkerbilt Road, Suite 6  
(Address)

Naples, FL 34110  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph H. Brown at ( 239 ) 592-4815  
(Name of Person) (Area Code & 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

Enclosed is a check 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

FILED  
2019 JAN 24 PM 1:16  
STATE OF FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ROGGENDORF FINE ART - MASTER PACKER, LLC

\_\_\_\_\_  
(Name of limited liability company)

North Carolina

\_\_\_\_\_  
(Jurisdiction of its organization)

09/26/2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

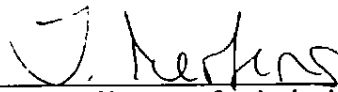
M12000005388

\_\_\_\_\_  
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

Inga Mertens

\_\_\_\_\_  
(Typed or printed name of signee)

Filing Fee: \$25.00