

M1300000 1238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

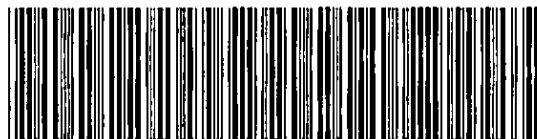
(Business Entity Name)

(Document Number)

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2020 JAN 10 PM 1:32
STATE OF ALABAMA
CLERK OF THE COURT

W: withdrawal
CIS

FEB 07 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Withdrawal of Arkelope Design 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:

Jeffrey Montgomery

(Name of Person)

Arkelope Design LLC

(Firm/Company)

440 Middle Grove Lane

(Address)

Wilmington, NC 28411

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Montgomery

(Name of Person)

601

529-6019

at (_____) _____

(Area Code & 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 for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Arkelope Design LLC

(Name of limited liability company)

State of Wyoming, USA

(Jurisdiction of its organization)

02/26/2013

(Date registered with Florida Department of State)

M13000001238

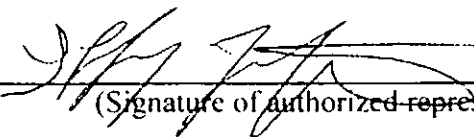
(Florida Document Number)

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SECRETARY
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: January 1, 2020 (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)

Jeffrey Montgomery

(Typed or printed name of signee)

Filing Fee: ~~\$25.00~~
\$ 30.00