M1300005962

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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16 MAY 24 PH 2: 11

FILED

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MAY 2 5 2016

SHEASEN

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 152827 _ 158900A

AUTHORIZATION: OSPHILLER

COST LIMIT : \$ 25.00

ORDER DATE: May 24, 2016

ORDER TIME : 11:49 AM

ORDER NO. : 152827-015

CUSTOMER NO: 158900A

FOREIGN FILINGS

NAME: PNL SV, LLC

CORPORATE
LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

FO: Registration Division of C			
PNL S	SV, LLC		
SUBJECT:	(Name of Fore	ign Limited Liabilit	ty Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	for filing.	
Please return all corre	spondence concerning this i	natter to the followi	ing:
Emily Reeves			
	(Name of Person)		_
PNL Companies	S		
	(Firm/Company)		
2100 Ross Ave	Suite 2900		
	(Address)		ulumpinus)
Dallas, TX 7520	1		
	(City/State and Zip Code	:)	
For further information	on concerning this matter, pl	ease call:	
Emily Reeves		214	, 379-9000
(Na	me of Person)		e & Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	Re Di [,] P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)
DE	
	(Jurisdiction of its organization)
09/19/201	3
·	(Date registered with Florida Department of State)
M1300000	05962
	(Florida Document Number)
This limited	d liability company is withdrawing its certificate of authority in this state.
	(Signature of authorized representative)
	, ,
	Scott Kocurek

Filing Fee: \$25.00