

M 1400002537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 DEC 13 A 10:45

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2019 DEC 13 2:19 PM

REC 13 2018  
T. LEMMON

**Incorporating Services, Ltd.**

3500 S DuPont Highway  
Dover, DE 19901  
302.531.0855  
Fax: 302.531.3150  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Beverly Porter  
bporter@incserv.com  
302.531.3150

**REQUEST DATE** 12/13/2019

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 788565

**ORDER ENTITY**

OVO JOINT VENTURE LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

OVO JOINT VENTURE LLC ( FL )

File the attached withdrawal document

**NOTES:**

\$25.00 Authoized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

OVO JOINT VENTURE LLC

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

Delaware

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

April 14, 2014

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

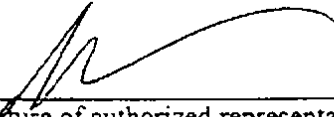
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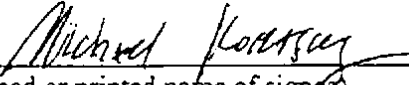
\_\_\_\_\_  
(Florida Document Number)

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)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 13 A 10 45

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Filing Fee: \$25.00