MINY OUCOC 3203

| (Rec | questor's Name) | - |
|---------------------------|------------------|-----------------|
| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | - |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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05/20/19--01011--001 ••25.00



R. WHITE JUN 0 5 2013

COVER LETTER

TO:

| TO: Registratio Division of | n Section Corporations | | | |
|--|--|---|---|-----|
| SUBJECT: | <u>Huskies</u> H | Torida H | 6/dings 1 | 440 |
| Dear Sir or Madam: | | | | |
| The enclosed withdi | rawal and fee(s) are submitte | ed for filing. | | |
| Please return all cor | respondence concerning this | matter to the following | : | |
| <u>Keil</u> | (Name of Person) | en | | |
| | (Firm/Company) | | | |
| 7 Whi | spering Pi | ne Dr | | |
| Painte | Post, No. | <u>/ /487</u> | 0 | |
| Keith | ion concerning this matter, p | |) 999 - 9//2 Daytime Telephone Number) | |
| (1) | aine of Person) | (Area Code & | Daytime (elephone 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 | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Huskies Florida Holdings 1 20 (Name of limited liability company) | - C | | _ |
|--|------------------------------------|----------------------|---|
| , | | | - |
| New York (Jurisdiction of its organization) | | | |
| (Jurisdiction of its organization) | | | - |
| May 5 2014 (Date registered with Florida Department of State) | | | |
| (Date registered with Florida Department of State) | | | - |
| M14000003203 | | | |
| (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: (If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of St | (options f filing (requirer | or nents, | |
| (Signature of authorized representative) Keith MEwen (Typed or printed name of signee) | TALL STATE | 2019 MAY 20 AM 10: 3 | |
| (Typed or printed name of signee) | · | ω | |

Filing Fee: \$25.00