(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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10/14/1800

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. :	12000000195				
REFERENCE :	449140 7781253				
AUTHORIZATION :	Grubblena 3				
COST LIMIT :	\$ 25.00				
	>				
ORDER DATE : October 17, 2018	بر ئبب				
ORDER TIME : 10:21 AM	<u>.</u>				
ORDER NO. : 449140-005	,				
CUSTOMER NO: 7781253					
FOREIGN_FILINGS					
NAME: KHRG WPB LLC					
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY					
XXXX WITHDRAWAL/CANCELLATION					
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS					

EXAMINER:

CONTACT PERSON: Emily Croft - EXT# 62925

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KHRG WPB LLC			
	(Name of limited liability company)		
Delaware			
	(Jurisdiction of its organization)		
5/23/2014			
	(Date registered with Florida Department of State)	1:	_
M14000003546			. 1
	(Florida Document Number)		1
	bility company is withdrawing its certificate of authority in this state.	> ب	ا مدرد ا
Effective Date,		tional)	
	date is listed, the date must be specific and cannot be prior to date of fill ays after filling.)	ling or	
Note: If the date	e inserted in this block does not meet the applicable statutory filing req	uirement	s,
this date will no	ot be listed as the document's effective date on the Department of State	's record	S.
	Man		
_	(Signature of authorized representative)		
	Michael DeFrino		
_	(Typed or printed name of signee)		

Filing Fee: \$25.00