M1400000 4763

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

TO:	Registration Division of	Section Corporations		
SUBJE	ECT: IBD-II	NTERIORS BUILT WITH DIRT		
		(Name of For	eign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withdra	wal and fee(s) are submitte	d for filing.	·
Please	return all corr	espondence concerning this	matter to the followin	g:
JEN	NIFER CLENNA			_
		(Name of Person)		
THE	BOOK BALAN	CER		_
		(Firm/Company)	,	•
4001	E. MOUNTAIN	SKY AVE STE 202 (Address)		
РНО	DENIX, AZ 8504	, ,		
		(City/State and Zip Cod	e)	
For fur	ther information	on concerning this matter, p	lease call:	
JEN	NIFER CLENNA		at (480	_) 471-6955
	(.>2	ime of Person)	(Area Code a	& Daytime Telephone Number)
	Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	ed is a check	for the following amount:		
□\$25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2020

JENNIFER CLENNAN 4001 E MOUNTAIN SKY AVENUE SUITE 202 PHOENIX, AZ 85044

Ref. Number: M1400004763

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 920A00007956

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Filing Fee: \$25.00