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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: February 02,	2022		Account#: I2000000088
Name: David Shul			
Reference #: 15	74694		
Entity Name:		D3 LED, LLC	
Articles of Incorporation		on to Transact Busin	ess
Amendment			
Change of Agent			
Reinstatement			ISSUES? CALL David:
Conversion			850-270-0082
Merger			
Dissolution/Withdrawa	al		
Fictitious Name			
Other Please r	etain the origin	al submission date of	2/1/2022. Thank you!
Authorized Amount:	\$25.00		
Dav Signature:	id Shalman		



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2022

COGENCY GLOBAL INC.

SUBJECT: D3 LED, LLC Ref. Number: M14000005236 원동~ ····

We have received your document for D3 LED, LLC and the authorization $\frac{1}{100}$ debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name on the cover page is different than the name on the document.

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.

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Yasemin Y Sulker Regulatory Specialist III

Letter Number: 422A00002626

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

D3 LED, LLC (Name of limited liability company)	· · · · · · · · · · · · · · · · · · ·
Delaware	TA TA
(Jurisdiction of its organization)	8
07/23/2014	HAR -
(Date registered with Florida Department of State)	50 2
M1400005236	EE. ST
(Florida Document Number)	5 20

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)

Deborah I John-Shadle

(Typed or printed name of signce)

Filing Fee: \$25.00