M14000005451

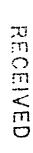
(Req	juestor's Name)			
(Add	iress)			
(Address)				
(City	/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			
	JUL 1	RNE 19 2024		

Office Use Only



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2024 JUL 18 AM II: 12 SCORETAIN OF STATE TALLAMASSEE, FLORIDA







To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 07/18/24 Order #: 1569195-3

Re: Xpresspa Orlando, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

120000000195

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

то:	Registration Division of			
SUBJEC	CT:	X pres Spa (Name of For	Orland 0 peign Limited Liability	Company)
Dear Sir	or Madam:			
The encl	osed with d ra	wal and fee(s) are submitted	d for filing.	
Please re	turn all corre	espondence concerning this	matter to the followin	g:
	Ca	(Name of Person)		<u></u>
	Xpre	SSpa Orland (Firm/Company)	10, LLC	_
		Mest 31st S. (Address)		
(<u>Vew</u>	(City/State and Zip Code	e)	_
For furth	er informatio	on concerning this matter, p	lease call:	
Ca	ra S (Na	offer me of Person)	at (47,3 (Area Code &	302 25 2 6 & Daytime Telephone Number)
	P.O. Box 6	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	l is a check t	for the following amount:		
□\$25 F	iling Fee	S30 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

Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M14 00006 545) (Florida Document Number)
(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 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)
Cara Soffer (Typed or printed name of signer)
(Typed or printed name of signee)

Filing Fee: \$25.00