

M15000001260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

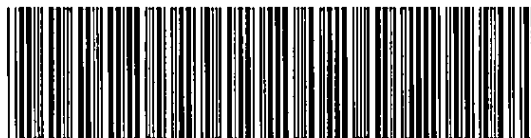
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wong-form

Office Use Only



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09/21/18--01018--005 **35.00

FILED
18 OCT -5 PM 12:56

SIMMONS
OCT 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2018

JOEL MILLER
820 W JACKSON BLVD, STE 650
CHICAGO, IL 60607

SUBJECT: MILLER FRANCHISE GROUP #2 LLC
Ref. Number: M15000001260

10/1/18

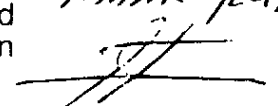
DEAR FLORIDA
DEPT. of STATE:

I AM RESUBMITTING
THE NOTICE of
INITIAL DRAWAL NOW
ON THE PROPER FORM.

We have received your document for MILLER FRANCHISE GROUP #2 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank-you,

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).


JOEL
MILLER

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00019840

RECEIVED
OCT-5 AM 10:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLER FRANCHISE GROUP #2 LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL MILLER

(Name of Person)

(Firm/Company)

8701 LONG AVENUE

(Address)

SKOKIE, IL 60077

(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL MILLER

(Name of Person)

at (312) 441-9906

(Area Code & Daytime Telephone 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

MILLER FRANCHISE GROUP #2 LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

FEB 17, 2015

(Date registered with Florida Department of State)

M15000001260

(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: _____ (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.

Scott Miller

(Signature of authorized representative)

SCOTT MILLER

(Typed or printed name of signee)

Filing Fee: \$25.00