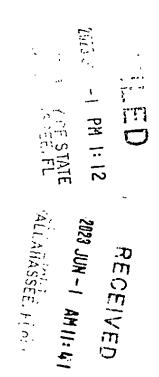
## M15000002520

(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:

Office Use Only



900408389809





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:_	06/01/2023	
Name:	Chris Vick	
Referen	rence #:	
Entity N	Name: MAJESTIC ORLANDO PART	NERS II, LLC
	Articles of Incorporation/Authorization to Transact B	usiness
	] Amendment	
	Change of Agent	
	] Reinstatement	
	] Conversion	
	] Merger	
<b>√</b> I	] Dissolution/Withdrawal	
	] Fictitious Name	
<b>V</b>	Other CERTIFIED COPY UPO	N FILING
Authori Signatu	orized Amount: \$55.00	

## **COVER LETTER**

TO:	Registration Division of	Section Corporations		
SUD IL	crr.	MAJESTIC O	RLANDO PARTN	ERS II, LLC
SUBJE	CI:	(Name of Fore	ign Limited Liability Co	ompany)
Dear Si	or Madam:			
The enc	losed withdra	awal and fee(s) are submitted	for filing.	
Please r	eturn all corr	espondence concerning this i	natter to the following:	
_	INC	E WALL (Name of Person)		
	C	OGENCY GLOBAL II	NC.	
		(Firm/Company)	•	
	1	325 J Street, Suite 15	550	
		(Address)		
		Sacramento, CA 958	14	
	-	(City/State and Zip Code	e)	
For fur	NCE	on concerning this matter, place of Person)	at (562)	654 2749 Daytime Telephone Number)
	Registratio Division of Clifton But 2661 Exec	f Corporations	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, Florida 32314
Enclos	ed is a check	c for the following amount:		
<b>X</b> I <b>\$</b> 25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	O \$55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MAJESTIC ORLANDO PARTNERS II, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
04/03/2015
(Date registered with Florida Department of State)
M15000002520
(Florida Document Number)
Effective Date, if other than the date of filing:
(Signature of authorized representative)  VINCE WALL
(Typed or printed name of signee)

Filing Fee: \$25.00