## M15000002521

(Requestor's Name)				
(Address)				
(Áddress)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Account#: I20000000088

Date:06	6/01/2023	
Name:	Chris Vick	
Reference #:	2012103	
		ANDO PARTNERS I, LLC
Articles of	of Incorporation/Authorizat	on to Transact Business
Amendm	ent	
Change	of Agent	
Reinstate	ement	
Conversi	ion	
Merger		
✓ Dissoluti	on/Withdrawal	
Fictitious	Name	
✓ Other	CERTI	FIED COPY UPON FILING
Authorized Amo	ount: \$55.00	<del> </del>
Signature:	Child.	

F: 800.944.6607

## **COVER LETTER**

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	legistration Se Division of Co				
SUBJECT: MAJESTIC ORLANDO PARTNERS I, LLC					
(Name of Foreign Limited Liability Company)					
Dear Sir o	or Madam:				
The enclo	sed withdraw	al and fec(s) are submitted	for filing.		
Please ret	urn all corresp	oondence concerning this r	natter to the following	ığ:	
	JINC	E WALL (Name of Person)	<u> </u>	_	
	co	GENCY GLOBAL IN	NC.		
		(Firm/Company)		_	
	13:	25 J Street, Suite 15	550		
	<u>.                                      </u>	(Address)		_	
	S	acramento, CA 9581	14		
		(City/State and Zip Code	:)	_	
1	er information	DALL ne of Person)	at (562	654 - 2749 & Daytime Telephone Number)	
	Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	orporations ing ve Center Circle	Reg Div P.C	AILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314	
X□ \$25 F		S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Majestic Orlando Partners I, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
04/03/2015	
(Date registered with Florida Department of State)	
M15000002521	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in th	is 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	(optional)
Mote: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Department (Signature of authorized representative)	filing requirements.  It of State's records.
(Signature of authorized representative)  VINCE WALL  (Typed or printed name of signee)	2823 (28) - () (6.85)
	AY OF ST

Filing Fee: \$25.00