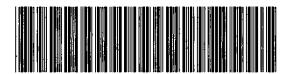
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(Requestor	's Name)			
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WAR O 8 2016 J. HARRIS

COVER LETTER

	gistration vision of (Section Corporations		
SUBJECT:	. MV Es	scambia, LLC		
SOBJECT	•	(Name of For	eign Limited Liability (Company)
Dear Sir or	Madam:			
The enclose	ed withdra	wal and fee(s) are submitted	d for filing.	
Please retur	n all corre	spondence concerning this	matter to the following	:
Joe D. S	tevens			
		(Name of Person)		
Wise Ca	rter Chi	d & Caraway, PA		
		(Firm/Company)		
P.O. Box	¢ 990			
		(Address)		•
Hattiesb	urg, MS	39403-0990		
		(City/State and Zip Cod	le)	•
For further	informatic	n concerning this matter, p	lease call:	
Joe D. S	tevens		601	⁵⁸²⁻⁵⁵⁵¹
	(Na	me of Person)		Daytime Telephone Number)
Re Di Cl 26	REET/COURIER ADDRESS: gistration Section wision of Corporations fton Building 61 Executive Center Circle Illahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		ration Section on of Corporations 30x 6327	
Enclosed is	a check f	or the following amount:		
□ \$25 Filir	ng Fee	■ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MV Escambia, LLC
(Name of limited liability company)
Mississippi
(Jurisdiction of its organization)
04/14/2015
(Date registered with Florida Department of State)
M15000003117
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
David C. Oliver, Managing Member
(Typed or printed name of signee)

Filing Fee: \$25.00

16 MAR - 7 PH 1: 39
SECRETARY OF STATE