M15000005148

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Consideration A. Etc., Officer |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



800312392988

04/30/18--01017--021 **43.75

25% NATION OF STATE

MY 23 MIN RIE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Supersonic Carlonsh 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: |
| James D. Monk (Name of Person) |
| Spersmic Carwash L.L.C. (Firm/Company) |
| 1.0.Boy 405 (Address) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Person) at (706) 8812167 (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 Certificate of Status □ \$55 Filing Fee Certified Copy □ \$60 Filing Fee, Certificate of Status Certified Copy |



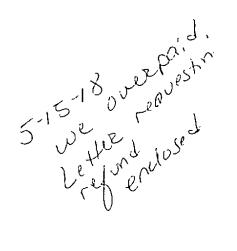
FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2018

JAMES D MONK PO BOX 402 LANETT, AL 36863

SUBJECT: KB LAKE CITY DIALYSIS ST, LLC

Ref. Number: M15000005418



We have received your document for KB LAKE CITY DIALYSIS ST, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00009148

RECEIVED

118 MAY 18 AM 10: 35

JEPARTMENT OF STATES

JALLAHASSIE FINGE

THE STATE OF STATE OF

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| SUDERSON CONTROLLES | | |
|---|--|---|
| Supersonic Caruash L. L. C | | _ |
| (Jurisdiction of its organization) | | _ |
| | | |
| (Date registered with Florida Department of State) | | _ |
| (Florida Document Number) | | _ |
| This limited liability company is withdrawing its certificate of authority in this state of 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 more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of States. | _ (optional) of filing or g requirements | |
| (Signature of authorized representative) | | |
| (Typed or printed name of signee) | . | |
| Filing Fee: \$25.00 | 230 NAY 18 AH 4: 31 SLURETARI GI SIATE TALLAHASSEE FLORIDA | |