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Division of	Corporations		,
SUBJECT:	STINSON (Name of For	REALTY L	L C Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	ed for filing.	
Please return all corr	espondence concerning this	matter to the followin	g:
S	ON NGVYE (Name of Person)	~	_
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For further informati	on concerning this matter, p	olease call:	
SON NO	GUYEN aine of Person)	at (<u>714</u> (Area Code o	261 – 4186 Daytime Telephone Number)
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	S30 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

STINSON REALTY LLC (Name of limited liability company)	202
(Name of limited liability company)	
CALIFORNIA -	2027 AUG 30
(Jurisdiction of its organization)	
12/22/2-015 (Date registered with Florida Department of State)	oc 21 Hd
(Date registered with Florida Department of State)	
M 150000 10259	
(Florida Document Number)	
Effective Date, if other than the date of filing: (lift an effective date is listed, the date must be specific and cannot be prior to date of filing more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing require this date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as the document's effective date on the Department of State's in the date will not be listed as	g or rements.
Sonnguyan	
(Signature of authorized representative)	
SON NGUYEN	
(Typed or printed name of signee)	

Filing Fee: \$25.00