## MI6 00000677

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## COVER LETTER

TO: **Registration Section** Division of Corporations

ORF III, LLC SUBJECT: \_\_\_\_

(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:

Adiel Gorel, Managing Member

(Name of Person)

ORF III, LLC

(Firm/Company)

165 N. Redwood Dr. Suite 150

(Address)

San Rafael, CA 94903

(City/State and Zip Code)

For further information concerning this matter, please call:

Adiel Gorel, Managing Member 415 927-7504 at (

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

## 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:

🗆 \$30 Filing Fee &	□S55 Filing Fee &	🚍 \$60 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
		Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ORF III, LLC

<u>-</u>	(Name of limited liability company)	<u>.</u>
State of Delaware		
	(Jurisdiction of its organization)	
June 1, 2012		
	(Date registered with Florida Department of State)	_ <del></del>
M1600000677		
<u>-</u> <u>-</u>	(Florida Document Number)	

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(Signature of authorized representative)

Adiel Gorel, Managing Member (Typed or printed name of signee)