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## **COVER LETTER**

Division of C								
SUBJECT: A	iket street Ca	ptal LLC	(Mu) Di	34 M.	5 Cap	ita	8 1,20	
	(Name of Fo	reign Limited Liability (	Company)	Busines	is Pa	s Partner		
Dear Sir or Madam:								
The enclosed withdra	wal and fee(s) are submitte	d for filing.						
Please return all corre	espondence concerning this	matter to the following	:					
Bret	L KIME 5 (Name of Person)							
	(Name of Person)							
M S	Capital (Firm/Company)	LIC						
	(Firm/Company)							
300 Dux	res Blud, a	Ext # 110				201		
						2019 APR	<b>)</b> -	
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	(City/State and Zip Cod	le)			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u>P</u>	- E0#04	
For further information	on concerning this matter, p	lease call:				PM 4: 0		
Bret	Kines	at (314	, 623	4430				
(Na	me of Person)	(Area Code &	Daytime Teleph	one Number)				
STREET/C	OURIER ADDRESS:	MAIL	ING ADDRE	SS:				
Registration Division of O		Registration Section Division of Corporations						
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 323								
Tallahassee,	Florida 32301							
Enclosed is a check f	or the following amount:							
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Certificate Certified (	e of Status &				

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

M 5 Capital 1, LLC		
(Name of limited liability company)		
Missouri		
(Jurisdiction of its organization)		
(Date registered with Flofida Department of State)		
M16000006747		
(Florida Document Number)		
Effective Date, if other than the date of filing:	20	
(Signature of authorized representative)	1019 APR 29 PH 4:	FILED
Brot Kines	10:4	
(Typed or printed name of signee)		

Filing Fee: \$25.00