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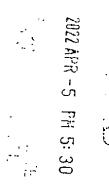
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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O SIMMONS
JUN 04 2021

COVER LETTER

TO: Registration Section Division of Corporations		
Doss Properties of Illinois SUBJECT:		
SUBJECT: (Name of Fo	reign Limited Liability	(Company)
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this	s matter to the following	ng:
David M. Platt		
(Name of Person)		
David M. Platt, PA		
(Firm/Company)		
2427 Perwinkle Way, Ste. B		
(Address)		_
Sambel, Fiorida 33957		
(City/State and Zip Cox	ic)	_
For further information concerning this matter, p	please call:	
David M. Platt	239 at (472-5400
(Name of Person)	(Area Code o	& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303
Enclosed is a check for the following amount:	:	
■\$25 Filing Fee* □ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	Cl \$60 Filing Fee, Certificate of Status & Certified Copy

2022 APR -5 PH 5: 31

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	Doss Properties of II	linois, LLC		
	(Name of limited l	iability company)		
	Illinois			
	(Jurisdiction of i	ts organization)		
	09/29/2016			
	(Date registered with Flor	ida Department of State)		
	M16000007796			
(Florida Document Number)				
Effective Date, if other than the date of filing:				
-	(Signature of author	Ossi, Pres	udent	
	Jane Doss			
-	(Typed or printe	ed name of signee)		

Filing Fee: \$25.00