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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
· · · · · · · · · · · · · · · · · · ·	(Business Entity Name)	
.	(Document Number)	
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Outstand Outstand	Contification of District	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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2 ***		

Office Use Only



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FICED

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : 11/13/2023

ORDER TIME : 8:30 AM

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: Executive Transportation LLC

	CORPORA	re	
	LIMITED	PARTNERSH	ΙP
	LIMITED	LIABILITY	COMPANY
•			

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIF	TIED CO	PY	
_ /	PLAIN	STAMPE	ED C	COPY
	CERTIF	ICATE	OF	STATUS

CONTACT PERSON: ALEXXIS WEILAND-SORENSON

EXAMINER:

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: <u>E</u> ×€	CUTIVE TRANSPO	RTATION, LL	
	(Name of Fore	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitted	for filing.	
Please return all corr	espondence concerning this	matter to the following	g:
GREG GAT	HER3 (Name of Person)	·	_
	(Name of Person)		
	(Firm/Company)		-
6021 500	29th ST. PN	IB 130	_
	(City/State and Zip Code		
	on concerning this matter, p		
GREG GATE	HERS	at (725	221-7550
	ame of Person)		& 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	□ \$30 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

EXECUTIVE TRANSPORTATION, UL.	
(Name of limited liability company)	
KANSAS	
(Jurisdiction of its organization)	
DUTOBER 14, 2016	
(Date registered with Florida Department of State)	
M1600008217	
(Florida Document Number)	
is limited liability company is withdrawing its certificate of authority in this	state.
rective Date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date than 90 days after filing.) te: If the date inscreted in this block does not meet the applicable statutory files date will not be listed as the document's effective date on the Department of	ing requirements,
(Signature of authorized representative)	_ T; 2
GREG GATHERS	DZ9 NOV 13
(Typed or printed name of signee)	1029 NOV 13 AM 10:37 SLUAL BARY OF STATE ALLAHASSEE, FLORID

Filing Fee: \$25.00