

# M16000008856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

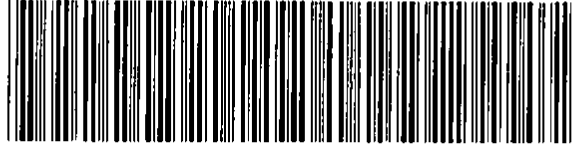
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**WALK IN**

**PICK UP:** MISTY 9/25

**CERTIFIED COPY**

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**WITHDRAWAL**

**NOHBO LLC**

(CORPORATE NAME AND DOCUMENT #)

file 734

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**ADDITIONAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOHBO LLC

(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:

Jessica von Heuss

(Name of Person)

Registered Agent Solutions, Inc.

(Firm/Company)

5301 Southwest Parkway, Suite 400

(Address)

Austin, TX 78735

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica von Heuss

888

705.7274

at ( )

(Name of Person)

(Area Code &amp; 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:**

- ☒ \$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

NOHBO LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

11/04/2016

(Date registered with Florida Department of State)

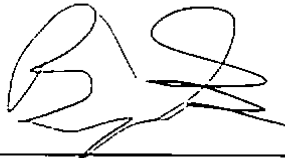
m16000008856

(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)

Benjamin Stern

(Typed or printed name of signee)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 SEP 25 AM 9:40

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Filing Fee: \$25.00