

M17000000504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
18 JAN 22 AM 11:11

K. SALY  
JAN 23 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kirby's School of Wake 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:

Kirby Liesmann  
(Name of Person)

Kirby's School of Wake LLC  
(Firm/Company)

7043 New Post Drive Apt. 7  
(Address)

North Fort Myers, FL 33917  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kirby Liesmann at (573) 694-0640  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Kirby's School of Wake LLC  
(Name of limited liability company)

Missouri  
(Jurisdiction of its organization)

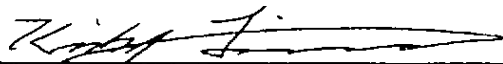
January 17, 2017  
(Date registered with Florida Department of State)

M17000000504  
(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: January 5, 2017 (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)

Kirby Liesmann  
(Typed or printed name of signee)

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2018

KIRBY LIESMANN  
KIRBY'S SCHOOL OF WAKE LLC  
7043 NEW POST DR, APT. 7  
NORTH FORT MYERS, FL 33917

SUBJECT: KIRBY'S SCHOOL OF WAKE LLC  
Ref. Number: M17000000504

We have received your document for KIRBY'S SCHOOL OF WAKE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 118A00000556

RECEIVED  
JAN 22 2018