## M170000001 491

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500333643375

68 (14) 5--- 1 14--- 141 \*\*25.46

2019 - -- 9 Fil 14: 12

Midharawal

SEP 1 7 2019 I ALBRITTON

## **COVER LETTER**

_	istration S sion of Co	ection orporations		
ATTERNATION	Elevet, L	LC		
SUBJECT:		(Name of Fore	ign Limited Liability (	Company)
Dear Sir or M	1adam:			
The enclosed	withdraw	al and fee(s) are submitted	for filing.	
Please return	all corres	pondence concerning this i	natter to the following	:
Jennifer T. A	Arrubla			
		(Name of Person)		
Taylor Law	Firm P.A.			_
		(Firm/Company)	. —	•
420 S. Lawr	ence Blvd			_
-		(Address)		
Keystone H	eights, Flo	orida 32656		
		(City/State and Zip Code	:)	-
For further in	nformatio	n concerning this matter, pl	lease call:	
Jennifer T.	Arrubla		352	4738088
	(Nan	ne of Person)		e 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 f	or the following amount:		
■ \$25 Filin	g Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Elevet, LLC	
(Name of limited liability company)	
Wyoming	
(Jurisdiction of its organization)	
February 17, 2017	
(Date registered with Florida Department of State)	
M17000001491	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state	e.
Effective Date, if other than the date of filing:  (If an effective date is histed, the date must be specific and cannot be prior to date of more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of Signature of authorized representative)	requirements,
Travis Guggenheimer	2013
(Typed or printed name of signee)	(,==
	,
	<u>-</u>

Filing Fee: \$25.00