MIF (CCCC499)

(Requestor's Name)				
(Address)				
(Address)				
(Ĉity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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03/02/20--01005--027 **25.00

APR 08 2020

COVER LETTER

TO:	Registration Division of	Section Corporations		
SUBJE	ECT:	Lm (Name of Fo	reign Limited Liability	Stail Services LL(
Dear Si	ir or Madam:			
The end	closed withdr	awal and fee(s) are submitte	ed for filing.	
Please	return all corr	espondence concerning this	matter to the followin	g:
	Lines	(Name of Person)	lex	_
	-m	CHODA Re	tail Serv	Ilans LLC
	8251	Via Capr	ini Dr.	_
	7) svo	(City/State and Zip Cod	FL 35	34/3
For fur	ther informati	on concerning this matter.	olease call:	
L	NDA A	1 M/le/ nme of Person)	at (<u>JYS</u> (Area Code 8	252-685-3 R 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
Enclos	ed 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

Lm Colonal Retail Services 12C (Name of limited liability company)
Delaware LLC aloing business in state of Florida
(Date registered with Florida Department of State)
(Florida Document Number)
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of tiling:
(Signature of authorized representative) LNDA A. Miller (Typed or printed name of signee)

Filing Fee: \$25.00