

M17000006025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

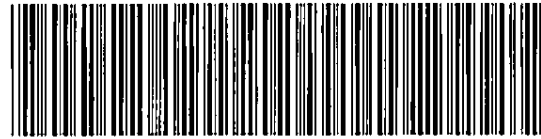
(Business Entity Name)

(Document Number)

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19 APR 17 AM 10:48  
PROPERTY OF STATE  
PALM BEACH, FLORIDA

19 Apr 17 PM 10:25

Oh  
4/18/19

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 4/17/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 735721

**ORDER ENTITY**

URBAN PARKING VENTURES, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

File the attached withdrawal document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

URBAN PARKING VENTURES, LLC

\_\_\_\_\_  
(Name of limited liability company)

DELAWARE

\_\_\_\_\_  
(Jurisdiction of its organization)

07/17/2017

\_\_\_\_\_  
(Date registered with Florida Department of State)

M17000006025

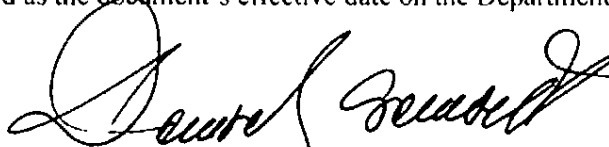
\_\_\_\_\_  
(Florida Document Number)

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19 APR 17 AM 10:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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)

DENISE ROSEMONT

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**