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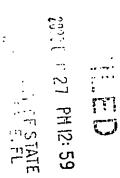
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COVER LETTER

TO:	Registration Division of	n Section Corporations		•		
eub u	JEŇN	IFER HOEY INTERIOR DE	ESIGN, LLC			
SUBJ	EC1:	(Name of Foreign Limited Liability Company)				
Dear S	Sir or Madam:					
The en	sclosed withdr	awal and fee(s) are submitte	d for filing.			
Please	return all con	respondence concerning this	matter to the followin	g:		
Jennif	er Hoey Smit	n e				
		(Name of Person)		_		
Jennif	er Hoey Inter	or Design, LLC				
		(Firm/Company)		-ua		
РО Во	ox 6409					
		(Address)		_		
Ketch	um, ID 83340)				
		(City/State and Zip Cod	c)	_		
For fu	rther informat	ion concerning this matter, p	lease call:			
Jennif	er Hoey Smitl	1	208 at (726-1561		
	(N	ame of Person)	(Area Code &	& 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	sed 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

(Name of limited liability company)			
(Jurisdiction of its organization)			
(Date registered with Florida Department of State)	_		
(Florida Document Number)		-	
ity company is withdrawing its certificate of authority in the	s state.		
s after filing.) nserted in this block does not meet the applicable statutory	filing requ	ıireme	ents,
(Signature of authorized representative) unifer Hoey Smith (Typed or printed name of signee)	TANK OF STA	2022 Ct S 27 PM I2: 5	
	(Jurisdiction of its organization) (Date registered with Florida Department of State) (Florida Document Number) (Ity company is withdrawing its certificate of authority in this other than the date of filing: (Ite is listed, the date must be specific and cannot be prior to a safter filing.) (Inserted in this block does not meet the applicable statutory be listed as the document's effective date on the Department (Signature of authorized representative)	(Jurisdiction of its organization) (Date registered with Florida Department of State) (Florida Document Number) (Ity company is withdrawing its certificate of authority in this state. other than the date of filing:	(Jurisdiction of its organization) (Date registered with Florida Department of State) (Florida Document Number) (Ity company is withdrawing its certificate of authority in this state. other than the date of filing:

Filing Fee: \$25.00