

M17 0000010532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

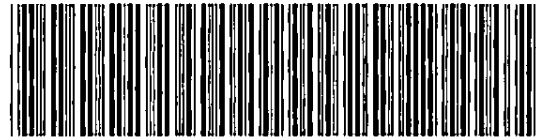
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000335298270

10/21/19--01044--014 **25.00

2019
DEC 11 12:47

Withdrawal

DEC 11 2019

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kreunen Construction & Restoration, 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:

Henry Kreunen
(Name of Person)

Kreunen Construction & Restoration, LLC.
(Firm/Company)

P.O. Box 38
(Address)

Olive Branch, MS 38054
(City/State and Zip Code)

For further information concerning this matter, please call:

Beth Rhoades at (602) 895-6025
(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

* Already
Paid

RECEIVED
DEC 09 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2019

HENRY KREUNEN
P.O. BOX 38
OLIVE BRANCH, MS 38654

SUBJECT: KREUNEN CONSTRUCTION AND RESTORATION, LLC
Ref. Number: M17000010532

We have received your document for KREUNEN CONSTRUCTION AND RESTORATION, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00023289

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Kreunen Construction & Restoration, LLC.

(Name of limited liability company)

Olive Branch, Mississippi

(Jurisdiction of its organization)

12/11/2017

(Date registered with Florida Department of State)

M 170000010532

(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: 10/7/19 (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.

Beth Rhoades

(Signature of authorized representative)

Beth Rhoades

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2019
OCT 17