

M1800000 1987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

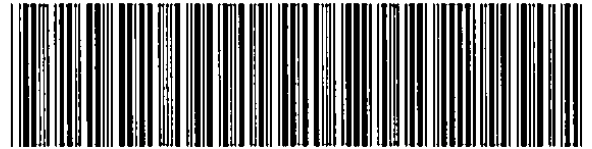
(Document Number)

Certified Copies _____ Certificates of Status _____

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6-24-19

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05/16/19--01015--021 **25.00

2019 JUN 24 10:10 AM
CLERK OF COURT

JUN 24 2019
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ratajczak 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:

Tom Kubasta

(Name of Person)

Kubasta, Bickford & Lorenson, S.C.

(Firm/Company)

P. O. Box 808

(Address)

Wautoma WI 54982-0808

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Kubasta

(Name of Person)

at (920) 787-4449

(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

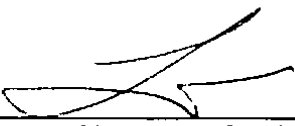
NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

<u>Ratajczak LLC</u> (Name of limited liability company)	2018 JUL 24 AM 11:00
<u>Wisconsin</u> (Jurisdiction of its organization)	
<u>February 23, 2018</u> (Date registered with Florida Department of State)	
<u>M18000001987</u> (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: _____ (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)

Tom Kubasta, Attorney for LLC
(Typed or printed name of signee)

Filing Fee: \$25.00