## M18000005163

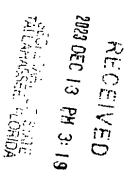
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
		_
(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	:
<del></del>		

Office Use Only



400419925344

LLC Withdrawal



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 193654/1 8331866
AUTHORIZATION CARLETTE MA
COST LIMIT : \$ 25.00
-
ORDER DATE: December 13, 2023
ORDER TIME : 1:19 PM
ORDER NO. : 193654-040
CUSTOMER NO: 8331866
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<u>FOREIGN FILINGS</u>
NAME: CJ SUBSIDIARY #5, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF STATUS
CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

FILED

2023 DEC 13 AM 10: 10

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CJ SUBSIDIARY #5, LLC		
·	(Name of limited liability company)	·
Delaware		
· · · · · · · · · · · · · · · · · · ·	(Jurisdiction of its organization)	
05/31/2018		
(Di	ate registered with Florida Department of State)	
M18000005163		
	(Florida Document Number)	
Effective Date, if other than (If an effective date is listed, more than 90 days after filin <b>Note:</b> If the date inserted in	the date must be specific and cannot be prior to date	(optional) c of filing or ng requirements.
/s/ Sonya /	A. Huffman (Signature of authorized representative)	_
Sonya A. I		_
	(Typed or printed name of signee)	

Filing Fee: \$25.00