

M18000007424

Florida Department of State
Division of Corporations
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Division of Corporations

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From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

LLC DISSOLUTION OR WITHDRAWAL
RIGHTLINE WAREHOUSE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2020 SEP 30 PM 12:07

FILED
STATE OF FLORIDA
20 OCT - 12:11:12

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OCT 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIGHTLINE WAREHOUSE SOLUTIONS, 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:

WILLIAM H. ROBINSON, JR., ESQUIRE

(Name of Person)

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

(Firm/Company)

315 E. ROBINSON STREET, SUITE 600

(Address)

ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal

(Name of Person)

407

425-7010

at ()

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 &
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DIVISION OF CORPORATIONS
SEP 30 2020 10:11:12

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RECEIVED
SEP 30 2020
10:44 AM
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RIGHTLINE WAREHOUSE SOLUTIONS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

AUGUST 10, 2018

(Date registered with Florida Department of State)

M18000007424

(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: UPON 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)

ZACHARY COLLIER

(Typed or printed name of signee)

Filing Fee: \$25.00

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