## M18000008003

| (F                                      | Requestor's Name)       |                    |
|---|-------------------------|--------------------|
|   | ·                       | <u> </u>           |
| (/                                      | Address)                |                    |
| (/                                      | Address)                | <del> – .– .</del> |
| ((                                      | City/State/Zip/Phone #) |                    |
| PICK-UP                                 | ☐ WAIT                  | MAIL               |
| <u> </u>                                | Business Entity Name)   |                    |
|   |                         |                    |
| j)                                      | Document Number)        |                    |
| Certified Copies                        | Certificates of         | Status             |
| Special Instructions to Filing Officer: |                         |                    |
|   |                         |                    |
|   |                         |                    |
|   |                         |                    |
|   |                         |                    |
|   |                         |                    |

Office Use Only



600433801166

LLC WHAdrawal



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ARAMSEY

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

| ACCOUNT NO. : 12000000195                                  |
|--|
| REFERENCE : 590432 8317426                                 |
| AUTHORIZATION CONTRACTOR                                   |
| COST LIMIT : U\$ 25.0                                      |
| ORDER DATE : August 9, 2024                                |
| ORDER TIME : 11:32 AM                                      |
| ORDER NO. : 590432-025                                     |
| CUSTOMER NO: 8317426                                       |
|  |
| FOREIGN FILINGS  |
| NAME: RAMOS ADMIN, LLC                                     |
| CORPORATE LIMITED PARTNERSHIP 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: Shauna Godbolt - EXT#                      |

EXAMINER:

## **COVER LETTER**

| TO: Registration<br>Division of | n Section<br>Corporations                 |                                      |  |
|---------------------------------|---|--------------------------------------|--|
| Ramo:                           | s Admin, LLC                              |                                      |  |
| 3000ECT                         | (Name of For                              | eign Limited Liability               | Company)   |
| Dear Sir or Madam:              |   |                                      |  |
| The enclosed withdr             | awal and fee(s) are submitte              | d for filing.                        |  |
| Please return all corr          | espondence concerning this                | matter to the followin               | g:   |
| Cynthia Ramos                   |   |                                      |  |
|                                 | (Name of Person)                          | <del></del>                          | _  |
| Ramos Admin, LLC                |   |                                      |  |
| <del></del>                     | (Firm/Company)                            |                                      | _  |
| P.O. Box 81825                  |   |                                      |  |
|                                 | (Address)                                 |                                      | _  |
| Austin, TX 78708                |   |                                      |  |
| <del></del>                     | (City/State and Zip Cod                   | e)                                   | _  |
| For further informati           | on concerning this matter, p              | lease call:                          |  |
| Cynthia Ramos                   |   | 512<br>at (                          | 827-2500   |
| (N:                             | ime of Person)                            |                                      | & 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 |
| Enclosed is a check             | for the following amount:                 |                                      |  |
| □\$25 Filing Fee                | ☐ \$30 Filing Fee & Certificate of Status | ☐\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy  |

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2024 AUG 13 AM 11: 54

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Ramos Admin, LLC   |
|--|
| (Name of limited liability company)  |
| Texas  |
| (Jurisdiction of its organization)   |
| 08/30/2018   |
| (Date registered with Florida Department of State)   |
| M18000008003   |
| (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: |
|  |
| (Typed or printed name of signee)  |

Filing Fee: \$25.00 590432-25