

M180000010839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

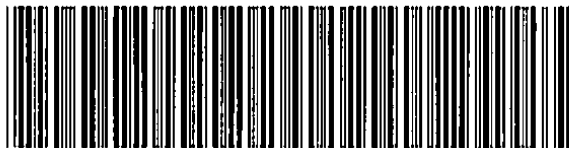
(Business Entity Name)

(Document Number)

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2020 NOV 18 PM 3:02

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NOV 19 2020

CAPITAL CONNECTION, INC.

7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(904) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A PROPERTIES LLC

Signature

Requested by: BA

11/18/20

Date

Time

-In Will Pick Up

Order & Printing - Tallahassee, FL 32301

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
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☒ Merger File _____
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☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
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☐ Vehicle Search _____
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☐ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUKA PROPERTIES 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:

Catherine Stoltz
(Name of Person)

JUKA PROPERTIES LLC
(Firm/Company)

5514 BIRCH DRIVE
(Address)

FT PIERCE FL 34982
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelinda Flores
(Name of Person)

at (772) 460-6786
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JUKA PROPERTIES LLC

(Name of limited liability company)

NEVADA

(Jurisdiction of its organization)

11-26-2018

(Date registered with Florida Department of State)

M18000010839

(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)

Catherine Stoltz

(Typed or printed name of signee)

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Filing Fee: \$25.00