Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000097377 3)))



H230000979773ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

## LLC DISSOLUTION OR WITHDRAWAL TITAN DOOR LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

Ω ũ

## **COVER LETTER**

H23000097377

	tion Section of Corporations	
SUBJECT:	Titan Door	- LLC
	(Name of Foreign Limited Liabili	ty Company)
Dear Sir or Mada	m:	
The enclosed with	ndrawal and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the follow	ing:
Cor	(Name of Person)	<del></del> -
T	itan Door LLC	
398	5 7044 AVEE SO	ute A
1	(City/State and Zip Code)	4
For further inform	nation concerning this matter, please call:  Concerning this matter, please call:  (Name of Person)  (Area Code	498 5500 & Daytime Telephone Number)
Registr Divisio P.O. Bo	Address: ation Section on of Corporations ox 6327 assee, 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 che	eck for the following amount:	
S25 Filing Fee	2 ≤ \$30 Filing Fee &	

1123000097377

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Titan Door LLC	
(Name of limited liability company)	-
oregon	
(Jurisdiction of its organization)	
1/21/2020	
(Date registered with Florida Bepartment of State)	_
M18000010999	
(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:	ار ان ان ان ان
mune Inney	ς -
(Signature of authorized representative)	<u> </u>
Corrina Bonney	ו
(Typed or printed name of signee)	

Filing Fee: \$25.00