

# M190000005622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

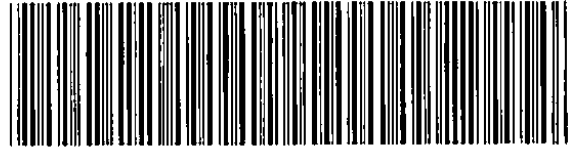
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900399614969

RECEIVED  
2023 FEB -8 AM 9:07  
DEPT. OF STATE  
TALLAHASSEE, FL  
2023 FEB -8 AM 11:13  
DEPT. OF STATE  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 441355 4337644

AUTHORIZATION :

*Eylien Baker*

COST LIMIT : \$ 55.00

ORDER DATE : February 8, 2023

ORDER TIME : 9:13 AM

ORDER NO. : 441355-005

CUSTOMER NO: 4337644

FOREIGN FILINGS

NAME: CHANCE JAX MS, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chance Jax MS, 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:

Pamela G. Speir  
\_\_\_\_\_

(Name of Person)

Womble Bond Dickinson (US) LLP  
\_\_\_\_\_

(Firm/Company)

301 S. College St., Suite 3500  
\_\_\_\_\_

(Address)

Charlotte, NC 28202-6037  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela G. Speir  
\_\_\_\_\_

(Name of Person)

704

331-4927

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 &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Chance Jax MS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

June 7, 2019

(Date registered with Florida Department of State)

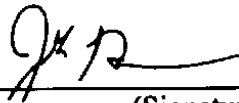
M19000005622

(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)

Jeffrey Rosen

(Typed or printed name of signee)

2023 FEB -8 AM 9:07  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

Filing Fee: \$25.00