

N19000009223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

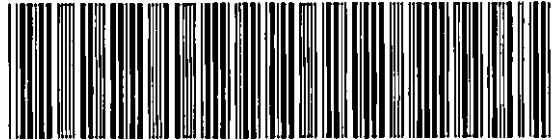
(Business Entity Name)

(Document Number)

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

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RECEIVED

2021 JUN -7 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2021 JUN 7 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 08 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 846401 7955088

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : June 7, 2021

ORDER TIME : 10:58 AM

ORDER NO. : 846401-005

CUSTOMER NO: 7955088

FOREIGN FILINGS

NAME: JP INVERNESS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX 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: Eyliena Baker - EXT#

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JP Inverness, 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:

Christopher M. Read

\_\_\_\_\_  
(Name of Person)

Read Law Group, PLLC

\_\_\_\_\_  
(Firm/Company)

666 Old Country Road, Suite 402

\_\_\_\_\_  
(Address)

Garden City, NY 11530

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher M. Read

\_\_\_\_\_  
(Name of Person)

516

588-8777

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

JP Inverness, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

September 27, 2019

(Date registered with Florida Department of State)

M19000009223

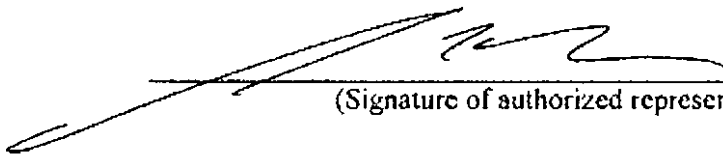
(Florida Document Number)

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)

Christopher M. Reed

(Typed or printed name of signee)

FILED  
SEP 27 2019  
9:16 AM  
TALLAHASSEE

Filing Fee: \$25.00