

(Requ	estor's Name)	
(Addr	ess)	
(Addin	ess)	
(City/S	State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Ооси	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer	

Office Use Only



000357359680

2020 JAN -4 AM 90 14

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

.

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 592821 8127480
AUTHORIZATION: Synello de man
COST LIMIT : \$ 25.00
ORDER DATE : December 31, 2020
ORDER TIME : 2:52 PM
ORDER NO. : 592821-005
CUSTOMER NO: 8127480

FOREIGN FILINGS
NAME: ISM FL HOLDINGS, 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

EXAMINER:

COVER LETTER

TO:		istration ision of (Section Corporations		
end it	CT.	ISM FL	Holdings, LLC		
SUBJE	CI		(Name of Fo	reign Limited Liability	Company)
Dear Si	r or N	Aadam:			
The enc	losec	l withdra	wal and fee(s) are submitte	d for filing.	
Please r	eturn	all corre	espondence concerning this	matter to the followin	g:
			(Name of Person)		_
			· · · · · · · · · · · · · · · · · · ·		
			(Firm/Company)		_
********			(Address)		_
			(City/State and Zip Cod	e)	_
For furti	her ir	ıformatic	on concerning this matter, p	olease call:	
		(Na	me of Person)	at () & Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			on Section f Corporations 5327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a	check f	for the following amount:		
□\$25 I	Piling	Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Cony

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

M FL Holdings, LLC
(Name of limited liability company)
elaware
(Jurisdiction of its organization)
anuary 14, 2020
(Date registered with Florida Department of State)
2000000563
(Florida Document Number)
fective Date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or ore than 90 days after filing.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, is date will not be listed as the document's effective date on the Department of State's records. (Signature of authorized representative)
Lance Allen
(Typed or printed name of signee)

Filing Fee: \$25.00