

m2000000718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAIL ROOM

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MAIL ROOM

MAY 14 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 782271 7567450

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : April 27, 2021

ORDER TIME : 11:30 AM

ORDER NO. : 782271-005

CUSTOMER NO: 7567450

FOREIGN FILINGS

NAME: MKH CAPITAL, 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: Alexxis Weiland - EXT#



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY 13 PM 2:07

TALLAHASSEE, FL 32310

April 28, 2021

CSC  
ATTN: ALEXIS WEILAND  
WALK IN  
TALLAHASSEE, FL

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: MKH CAPITAL, LLC  
Ref. Number: M20000000718

We have received your document for MKH CAPITAL, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 621A00008796

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
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CONTACT PERSON: Alexxis Weiland - EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MKH Capital 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:

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

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

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

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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    ☐ \$70 Filing Fee &    ☐ \$55 Filing Fee &    ☐ \$60 Filing Fee.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MKH Capital LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

01/17/2020  
(Date registered with Florida Department of State)

M20000000718  
(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.

DocuSigned by:  
Michael D. Kazma  
B1C4C047E2B0464

\_\_\_\_\_  
(Signature of authorized representative)

Michael Kazma  
(Typed or printed name of signee)

**Filing Fee: \$25.00**