

m200000000782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

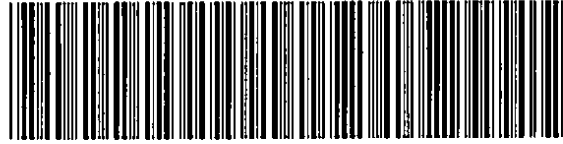
(Business Entity Name)

(Document Number)

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

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600419164736

LLC withdrawal

FILED  
2023 NOV 20 PM 12 42  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 NOV 20 PM 3:43  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

A. RAMSEY  
NOV 21 2023



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 11/20/23  
Order #: 1320871-2  
Re: Napior Charters LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

AUTH:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over a horizontal line.

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED

2023 NOV 20 PM 12 42

FLORIDA DEPARTMENT OF STATE  
HALL OF RECORDS

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Napior Charters LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

January 21, 2020

\_\_\_\_\_  
(Date registered with Florida Department of State)

M20000000782

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

Robert Napior

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**