M21000004055

(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:

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2 - 5 MHO: 00

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2023 MAR -6 PM 3: 50

ALLAHASSEE, FLOR

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 550286

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 6, 2023

ORDER TIME : 1:31 PM

ORDER NO. : 550286-040

CUSTOMER NO: 4321040

FOREIGN FILINGS

NAME: 205 S HIBISCUS LLC

___ CORPORATE

LIMITED PARTNERSHIP

XX 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: Alexxis Weiland-sorenson - EXT#

COVER LETTER

TO: Registratio Division of	n Section Corporations		
205 S SUBJECT:	Hibiscus LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Mary Golonka			
	(Name of Person)		_
ArentFox Schiff LI	_P		
	(Firm/Company)	•	_
233 South Wacke	r Drive, Suite 7100		
	(Address)		-
Chicago, IL 60606	6		
	(City/State and Zip Cod	e)	-
For further informat	ion concerning this matter, p	lease call:	
Mary Golonka		312 at (258-4604
(N	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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

	IS LLC			
	(Name of limited liability company)			
Wyoming				
	(Jurisdiction of its organization)			
04/08/2021				
	(Date registered with Florida Department of State)			
M2100000405	55			
	(Florida Document Number)			
This limited	liability company is withdrawing its certificate of authority in this	state.		
(If an effective more than 90 Note: If the c	te, if other than the date of filing:	ing require	or ements.	
		, state 5 to	ecords.	
		Tourie 3 to	ecords.	
	/s/ Josh Lehman (Signature of authorized representative)		ecords.	

Filing Fee: \$25.00