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COVER LETTER

TO: Registration Division of	Section Corpora ti ons			
Nationa SUBJECT:	d Travel Basketball Asso	ociation, LLC		
SUBJECT:	(Name of F	Foreign Limited Liabilit	y Company)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submi	tted for filing.		
Please return all corre	espondence concerning th	nis matter to the followi	ng:	
Danielle Lujan				
	(Name of Person)			
Bray & Long, PLLC				
	(Finn/Company)		<u> </u>	
2820 Selwyn Avenue	, Suite 400			N 2
	(Address)	-	_	15,UF
Charlotte, North Card	olina 28 2 09			22 OCT 11 AM
	(City/State and Zip C	ode)	_	₹ 000 E
For further information	n concerning this matter.	, please call:		2: f2
William P. Bray		704 at (523-7777	
(Nar	ne of Person)		& Daytime Telephone Number)	
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	
Enclosed is a check f	or the following amoun	t:		
□\$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

National Travel Basketball A	ssociation, LLC	
	(Name of limited liability company)	
South Carolina		
	(Jurisdiction of its organization)	
April 16, 2021		
	(Date registered with Florida Department of State)	
M21000004508		
	(Florida Document Number)	
This limited liability com	pany is withdrawing its certificate of authority in this stat	e.
Effective Date, if other th	l an the date of filing:	(optional)
	led, the date must be specific and cannot be prior to date of	
more than 90 days after f	•	
	in this block does not meet the applicable statutory filing	
this date will not be listed	as the document's effective date on the Department of S	ate's records.
OocuSigned	by:	
John W	<u> </u>	J# 22
PROTECTION CA	(Signature of authorized representative)	- 8 S
	(Signature of authorized representative)	
		- 3
John Whitle	y, Manager	1916 08 08 08 08 18 18 22 0CT 11 AM 5:
	(Typed or printed name of signee)	มพริกัตร์ เกี้ยังเลือนสีกับ 22 00T 11 - AM 5: 45
	(1) Pra vi Primea name vi signee)	15 €
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Filing Fee: \$25.00