M21 000 007 188

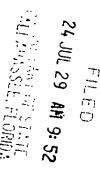
(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Guf Cost when (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	g:
Adam Tatum (Name of Person)	_
Vygma Lube Jac	_
PO Pox 6818	_
Charlotter ving up 22906 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Kyline Sonowe at (434 (Area Code of	© 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 □\$30 Filing Fee & □\$55 Filing Fee & Certificate of Status	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Guf Coast Lubes, UC (Name of limited liability company)	
(Name of limited liability company)	
(Jurisdiction of its organization)	
(Junisdiction of its organization)	
(Date registered with Florida Department of State)	
(Date registered with Florida Department of State)	
M21000007188	
(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: (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)	-
(Typed or printed name of signee)	
(Typed of printed name of signee)	

Filing Fee: \$25.00