M21000010558

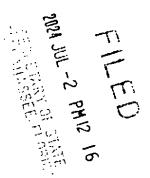
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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LLC withdrawal



2024 JUL -2 AMII: 17

JUL 3 2024 A RAMSEY CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Amanda Miller - EXT#

ACCOUNT NO. : I2000000195 REFERENCE : 518142 8329413 AUTHORIZATION /: COST LIMIT ORDER DATE: June 26, 2024 ORDER TIME : 4:30 PM ORDER NO. : 518142-040 CUSTOMER NO: 8329413 FOREIGN FILINGS NAME: RED KNIGHT OAKCREST, 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

EXAMINER:

COVER LETTER

TO:		stration So sion of Co	ection orporations			e,
SUBJE	CT·	Red Knig	ght Oakcrest, LLC			
SOBJE	C1.		(Name of Fore	eign Lim	ited Liability	Company)
Dear Sir	гог М	ladam:				
The enc	losed	withdraw	al and fee(s) are submitted	d for filin	ıg.	
Please re	eturn	all corresp	ondence concerning this	matter to	the following	g:
			(Name of Person)			_
			(Firm/Company)			_
			(Address)			_
			(City/State and Zip Code	:)		
For furth	her in	formation	concerning this matter, p	lease call	:	
Brian L	.eona	ard		at :	513	288-7815
		(Name	e of Person)	***		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
Enclose	d is a	check fo	r the following amount:			
□\$25 F	Filing	Fee [□ \$30 Filing Fee & Certificate of Status		Filing Fee & iified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy



Red Knight Oak	crest, LLC	
	(Name of limited liability company)	
New Jersey		
	(Jurisdiction of its organization)	
08/13/2021		
	(Date registered with Florida Department of State)	
M21000010558		
	(Florida Document Number)	
(If an effective of more than 90 da Note: If the date	if other than the date of filing:	requirements.
-	Docusigned by: 15874FC38D464F4 (Signature of authorized representative)	
-	Brian Leonard, Manager	
_	(Typed or printed name of signee)	