## M21000010559

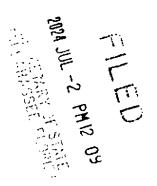
(Requestor's Name)  (Address)  (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



300431207393

LLC withdraws





JULA - 2024 A RAMSEY CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

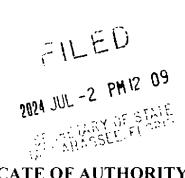
CONTACT PERSON: Amanda Miller - EXT#

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 518142 8329413 AUTHORIZATION COST LIMIT ORDER DATE: June 26, 2024 ORDER TIME : 4:30 PM ORDER NO. : 518142-025 CUSTOMER NO: 8329413 FOREIGN FILINGS NAME: RED KNIGHT BRIARWOOD LLC \_\_\_ CORPORATE LIMITED PARTNERSHIP XX \_ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF STATUS

EXAMINER:

## **COVER LETTER**

TO:			Section Orporations					
SUBJE	F.	Red Knight Briarwood LLC						
SOBJE	(Name of Foreign Limited Liability Company)							
Dear Sir	r or Ma	dam:						
The enc	losed v	vithdrav	val and fee(s) are submitte	d for filing.				
Please re	eturn a	ll corre	spondence concerning this	matter to th	e followin	g:		
			(Name of Person)			_		
		<u>.</u>				<del>-</del> -		
			(Firm/Company)					
			(Address)			_		
		_	(City/State and Zip Cod	de)		_		
For furt	her info	ormatio	n concerning this matter, p	olease call:				
Brian L	_eonar	d		at (	513	288-7815		
		(Nai	ne of Person)	(	Area Code	& Daytime Telephone Number)		
	Regi Divi: P.O.	sion o Box 6	n Section f Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclose	ed is a	check f	or the following amount:					
□\$25	Filing I	<sup>2</sup> ec	☐ \$30 Filing Fee & Certificate of Status		ing Fee & led Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy		



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Red Knight Bria	rwood LLC
	(Name of limited liability company)
New Jersey	
	(Jurisdiction of its organization)
08/13/2021	
	(Date registered with Florida Department of State)
M21000010559	
	(Florida Document Number)
Effective Date, (If an effective more than 90 d <b>Note:</b> If the dat	bility company is withdrawing its certificate of authority in this state.  if other than the date of filing:
	DocuSigned by: 15874FC38D484F4  (Signature of authorized representative)
	Brian Leonard, Manager  (Typed or printed name of signee)

Filing Fee: \$25.00