Ma1000015279

(Requestor's Name)
(Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	<u></u>
	Office Use Only



LLC withdrawd





JUL J 2024

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: I20000001	12000000195	
	REFERENCE	: 518142	8329413	
	AUTHORIZATION	Sand		
	COST LIMIT	: (\$, 25.00-C	All -	
ORDER DATE :	June 26, 2024			
ORDER TIMÉ :	4:31 PM			
ORDER NO. :	518142-045			
CUSTOMER NO:	8329413			

FOREIGN FILINGS

NAME: RED KNIGHT OCALA 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: Amanda Miller - EXT#

EXAMINER:

	C	OVER LETTER	۲. Contraction of the second se
	stration Section sion of Corporations		
000 tr 03	Red Knight Ocala LLC		
SUBJECT	(Name of Fe	oreign Limited Liability	Company)
Dear Sir or M	ladam:		
The enclosed	withdrawal and fee(s) are submit	ted for filing.	
Please return	all correspondence concerning th	is matter to the followin	R:
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·	-
	(, , , , , , , , , , , , , , , , , , ,		
:	(Firm/Company)		-
	(Address)		-
	(City/State and Zip Co	ode)	-
For further in	formation concerning this matter.	please call:	
Brian Leon	ard	513 at (288-7815
	(Name of Person)	(Area Code &	E Daytime Telephone Number)
Reg Div	ling Address: istration Section ision of Corporations . Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	ahassee, FL 32314		2415 N. Monroe Street, Suite Tallahassee, FL 32303
Enclosed is a	check for 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

DocuSign Envelope ID: 2A289729-8Å63-463D-9CB9-E05071CAB402

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FILED 2024 JUL - 2 PHIZ 25 E OF AUTHOR

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Red Knight Ocala LLC		
	(Name of limited liability company)	
New Jersey		
	(Jurisdiction of its organization)	
11/08/2021		
<u> </u>	(Date registered with Florida Department of State)	
M21000015279		
	(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: ______(optional) (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.

cuSigned by: 15874FC38D464F4

(Signature of authorized representative)

Brian Leonard, Manager

(Typed or printed name of signee)