er sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL EXTREME AIR & ELECTRIC FLORIDA LLC

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## **COVER LETTER**

	gistration ision of (	Section Corporations				
SUBJECT:	Extreme	2 Air and Electric LLC				
SOBJECT.		(Name of Foreign Limited Liability Company)				
Dear Sir or M	Madam:	•				
The enclosed	l withdra	wal and fee(s) are submitte	d for filing.			
Please return	all corre	spondence concerning this	matter to the following	g:		
Mauricio Pe	rlaza					
	·	(Name of Person)		_		
Akerman, L	LP					
	•	(Firm/Company)		_		
98 Southeas	t Seventh	Street, Suite 1100				
-		(Address)		_		
Miami, FL 3	33131					
-		(City/State and Zip Cod	e)	_		
For further in	nformatio	n concerning this matter, p	lease cali:			
Mauricio Pe	rlaza		305 at (	982-5634		
	(Nai	me of Person)		& Daytime Telephone Number)		
Rep Div P.C	vision o D. 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		
Enclosed is a	a check f	or the following amount:				
■\$25 Filing	g Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>		

H24000119619

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Extreme Air and Electric LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
July 25, 2022
(Date registered with Florida Department of State)
M22000011650
(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: April 1, 2024 (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,
his date will not be listed as the document's effective date on the Department of State's records.
Docusigned by:
(Signature of authorized representative)
Tyrone Johnson  (Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00