M22000014430

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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09/11/28--01021--005 **85.00



Office Use Only

COVER LETTER

TO: **Registration Section** Division of Corporations

Mission Partners USA, LLC (Name of Foreign Limited Liability Company) SUBJECT:

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary LAWING <u>AFRONT Ventures CORP.</u> (Finn/Company) 7010 E. Chauncey Lane #235 (Address) Phoenix, AZ 85054

For further information concerning this matter, please call;

MARY LAWING at (<u>480</u>) <u>398-0647</u> (Name of Person) at (<u>480</u>)

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:

525 Filing Fee □ \$30 Filing Fee &

□\$55 Filing Fee &

□ \$60 Filing Fee, Certificate of Status & Certified Copy

SU attached Su at



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2023

MARY LAWING 7010 E CHAUNCEY LANE #235 PHOENIX, AZ 85054

SUBJECT: MISSION PARTNERS USA, LLC Ref. Number: M22000014430

We have received your document for MISSION PARTNERS USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 723A00023181

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Mission Partners USA, LLC (Name of limited liability company)			_
(Jurisdiction of its organization)	TALLA	2024 J	
(Date registered with Florida Department of State)	HASSE	AN -8	
M22000014430	E. FLOR	PM L:	
(Florida Document Number)		30	

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 _ (optional) 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.

C J

(Signature of authorized representative)

REALT Typed or printed name of signce)