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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 PRIME ROCK MINERALS II, LLC

Certificate of Status	0
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Registration Section

TO:

## **COVER LETTER**

Division o	f Corporations		
	PRIM	IE ROCK MINERALS II, LLC	
SUBJECT:			
octorer.	(Name of Fo	reign Limited Liability Company)	
Dear Sir,or Madam	:		
The enclosed withd	rawal and feo(s) are submitte	ed for filing.	
Please return all con	respondence concerning this	s matter to the following:	
Adam Mignogr			
	(Name of Person)		
			-4171
Capital Service	s - Corporate Filings	Team	
Capitol Galvice	(Firm/Company)	( GGIII	• • •
	(1 min company)		77.57:
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515 East Park	Avenue 2nd Fl		
	(Address)		±.√.
			r <u>}</u> -
Tallahassee , F	L 32301		m
,	(City/State and Zip Coc	<u>de</u> )	
For further informat	tion concerning this matter, p	please call:	
	, our touchting and market, p	July July	
		at / 855 ) 498 - 5500	
<u></u>	Name of Person)	(Area Code & Daytime Telephone Number)	
•	,		
erder*	COURIER ADDRESS:	MAILING ADDRESS:	
	ent Section	Amendment Section	
	of Corporations	Division of Corporations	
	e of Tallahassee	P.O. Box 6327	
2415 N. N	Ionroe Street, Suite 810	Tallahassee, FL 32314	
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PRIME ROCK MINERALS II, LLC		
(Name of limited liability company)		
FL, Secretary of State		
(Jurisdiction of its organization)	.⊣ <i>হ</i> ল	28
10/04/2022	<u> </u>	1024 NOK 170
(Date registered with Florida Department of State)		4
M22000015322	3.5. 	F
(Florida Document Number)		<u> </u>
	$\Gamma \omega$	Ŧ.
This limited liability company is withdrawing its certificate of authority in this state.	318	+ PM 4: 36
Effective Date, if other than the date of filing:(o	otional)	
If an effective date is listed, the date must be specific and cannot be prior to date of finore than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing rechis date will not be listed as the document's effective date on the Department of States.	quireme	
Idam Mignogua		
(Signature of authorized representative)		
Adam Mignogna		

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