

M22000015792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

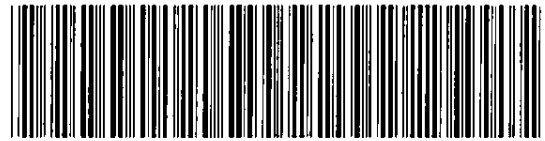
(Document Number)

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2024 MAR -4 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WITHDRAWAL STATEMENT**

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

**FIRST:** The name of the limited liability company is: Promo Rd LLC

**SECOND:** The Florida Document number of the limited liability company is: M22000015792

**THIRD:** The record to be withdrawn is: Application by foreign limited liability company for authorization to

transact business in Florida. Dissolve LLC in the state of Florida.

**FOURTH:** Please check the appropriate box

☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn,  
or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record

*Patrick Allen*

Patrick Allen

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Filing fee: \$25.00  
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

Promo Rd LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Patrick Allen

Name of Person

Promo Rd LLC

Firm/Company

26895 Aliso Creek Rd, Suite B209

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Address

Aliso Viejo, CA 92656

City/State and Zip Code

PROMORD@PROMORD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Allen

619

341-0369

at (\_\_\_\_\_)

Name of Person

Area Code

Daytime Telephone Number

**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