

M220000017021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

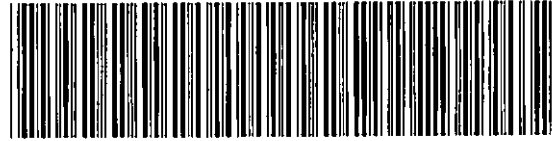
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100402999001

FILED
2023 APR -3 AM 8:42
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2023 APR -3 PM 1:06
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 04/03/2023

Acc#I20160000072

W: C DW

Name:	BLue Compass RV, LLC
Document #:	
Order #:	14864510 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<h1>1-2 Filing</h1>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
		1. Cancellation 2. Amendment	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Blue Compass RV, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/08/2022

(Date registered with Florida Department of State)

M22000017021

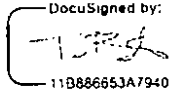
(Florida Document Number)

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.

DocuSigned by:



11B886653A79407

(Signature of authorized representative)

Tim M. Benter, Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2023 APR -3 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FL