Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000052057 3)))



H240000520573ABCZ

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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 ; (800)432-3622 Fax Number

LLC DISSOLUTION OR WITHDRAWAL FL PEST CONTROL, LLC

Certificate of Status	0
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COVER LETTER

Division of	Corporations		
FL P	est Control LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the following	g:
Kaley Greene			
	(Name of Person)		-
Rockit Pest Inc	:		
	(Firm/Company)		-
1053 Keys Driv	⁄e		
	(Address)		-
Greenville SC	29615		
	(City/State and Zip Cod	c)	-
For further informat	ion concerning this matter, p	olease call:	
Kaley Greene		864	4907575
(N	ame of Person)		Daytime Telephone Number)
Division P.O. Box	on Section of Corporations		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:		
□\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

H24000052057

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FL Pest Control LLC	
(Name of limited liability company)	•
Delaware	
(Jurisdiction of its organization)	•
12/28/2022	يه ص
(Date registered with Florida Department of State)	្តិ
M22000019250 (Florida Document Number)	Š
(Florida Document Number)	,
This limited liability company is withdrawing its certificate of authority in this state.	l
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,	
his date will not be listed as the document's effective date on the Department of State's records.	
D Brett Ellis D Brett Ellis (Feo 7, 2024 10:18 EST)	
(Signature of authorized representative)	
D . Brett Ellis	
(Typed or printed name of signee)	

Filing Fee: \$25.00