M23000009473

Office Use Only



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A. RAMSEY AUG - 9 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/08/2023	_		
			₩WALK IN**
ENTITY NAME Foliage	Design Systems of	Northeast Florida, LLC	
DOCUMENT NUMBER_			
	PLEASE FILE T	HE ATTACHED AND RETURN	
xxxxxx	Plain Copy		
 	Certified Copy		
	Certificate of Status		
	Certified Copy of Art Certificate of Good S		<u> </u>
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA			
TOTAL OWED \$25		ACCOUNT #: I20160	0000072
_		S 8 7/1	G
Please call Ting at 1	the above number kor	any issues or concerns. Thank	

COVER LETTER

TO: Registration Division of	Section Corporations		
Foliage	Design Systems of Northea	ıst Florida, LLC	
30b/EC1.	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following	g:
Susan Erickson			
	(Name of Person)		_
Fredrikson & Byron	, P.A.		
	(Firm/Company)		-
60 South Sixth Street	et, Suite 1500		
	(Address)		
Minneapolis, MN 55	5402		
	(City/State and Zip Cod	2)	-
For further informati	on concerning this matter, p	lease call:	
Susan Erickson		612 at (492-7752
(N	ame of Person)		E 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	
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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Foliage Design Systems of Northeast Florida, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
07/21/2023
(Date registered with Florida Department of State)
M23000009473
(Florida Document Number)
Effective Date, if other than the date of filing:
(Signature of authorized representative)
Edward McDonnell
(Typed or printed name of signee)

Filing Fee: \$25.00