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## **COVER LETTER**

.,,,,

TO: Registratio Division of	n Section Corporations		
	GENERENTAL LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
ANDY YU			
***	(Name of Person)		-
NEXGENERENTA	IL LLC		
_	(Firm/Company)	·-	-
68-65 136TH ST, U	ENIT B		
· · · · · · · · · · · · · · · · · · ·	(Address)	<del></del>	_
FLUSHING, NY, 1	1367, USA		
	(City/State and Zip Cod	c)	_
For further informat	ion concerning this matter, p	lease call:	
ANDY YU		718	406-5558
()	Same of Person)	(Area Code &	_)
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	s 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 Conv.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NEXGENERE	STAL LLC
·	(Name of limited liability company)
New York	
	(Jurisdiction of its organization)
September 11, 2	2023 25 25 25 25 25 25 25 25 25 25 25 25 25
623A00022137	(Date registered with Florida Department of State)
	(Florida Document Number) .
Effective Dat (If an effectiv more than 90 <b>Note</b> : If the d	iability company is withdrawing its certificate of authority in this state.  e. if other than the date of filing:  re date is listed, the date must be specific and cannot be prior to date of filing or days after filing.)  late inserted in this block does not meet the applicable statutory filing requirements, not be listed as the document's effective date on the Department of State's records.
	(Signature of authorized representative)
	ANDY YU
	(Typed or printed name of signee)

Filing Fee: \$25.00