M230000 15444

| (Requestor's Name) | |
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| (Address) | |
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| | |
| (City/State/Zip/Phone #) | |
| (only-outer-ziph none #/ | |
| PICK-UP WAIT MAIL | - |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer; | |
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Office Use Only



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2023 DEC 14 AM 9: 01

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2023 DEC 14 AM 9: 45

Sunshine State Corporate Compliance Company

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

| DATE 12/14/2023 | _ | | **WALK IN** |
|---------------------|----------------------------------|------------------------|--|
| IZENA. | Educal C Colo Manches III C | | WALK IIV |
| ENTITY NAME KEW | Edge LS Sole Member LLC | | ************************************** |
| DOCUMENT NUMBER | | | |
| | **PLEASE FILE THE ATTACH | ED AND RETURN** | |
| XXXXXXXX | Plain Copy | | |
| | Certified Copy | | |
| | Certificate of Status | | |
| , | *PLEASE OBTAIN THE FOLLOWING | FOR THE ABOVE ENTITY** | |
| | Certified Copy of Arts & Amendme | rte | |
| | Certificate of Good Standing | | |
| | **APOSTILLE' / NOTARIAL | CERTIFICATION** | |
| COUNTRY OF DESTINA | 1TION | | |
| NUMBER OF CERTIFIC | ATES REQUESTED | | |
| TOTAL OWED \$25 | | ACCOUNT #: I2016000007 | 2 |
| | | S. 8 7/10 | |
| Please call Tina at | the above number for any issues | - | o much! |

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--------------------------------------|--|
| KEM Edge LS Sole Member LLC SUBJECT: | | |
| | eign Limited Liability | Company) |
| Dear Sir or Madam: | | |
| The enclosed withdrawal and fee(s) are submitte | d for filing. | |
| Please return all correspondence concerning this | matter to the followin | g: |
| Michele H. Conway | | |
| (Name of Person) | | _ |
| Kettler Inc. | | |
| (Fiun/Company) | | _ |
| 8255 Greensboro Drive, Suite 200 | | |
| (Address) | , | _ |
| McLean, VA 22102 | | |
| (City/State and Zip Code | e) | _ |
| For further information concerning this matter, p | lease call: | |
| Michele H. Conway | 703 at (| 852-5734 |
| (Name of Person) | | & 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 |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| KEM Edge LS | Sole Member LLC | |
|--|--|--|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | |
| December 9, 2 | 023 | |
| | (Date registered with Florida Department of State) | |
| M2300001544 | 4 | |
| | (Florida Document Number) | |
| This limited | liability company is withdrawing its certificate of authority in this | s state. |
| (If an effective more than 90 Note: If the contraction of the contract | te, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to do days after filing.) date inserted in this block does not meet the applicable statutory for not be listed as the document's effective date on the Department | iling requirements, |
| | (Signature of authorized representative) | <u>-</u> |
| | (Signature of authorized representative) | |
| | Michele H. Conway, Assistant Secretary of Kettler Inc., mgr. of Kettler Asset Mana mgr. of Kettler St Pete LLC, manager of KEB Edge Manager LLC, manager (Typed or printed name of signee) | PILED 2023 DEC 14 AM 9: 02 TALLEAN OF STATE TALLEANASSEE, FLORID |

Filing Fee: \$25.00