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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 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL JLJ POMPANO INVESTOR, LLC

OTIVED	9. P.	ANTER UPSATIONS ON OF CORPORATION LANDSSEE, FLORIDA
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COVER LETTER

TO:	Registration of	n Section Corporations		
CHET		OMPANO INVESTOR, LLC		
SUBJI	rc1:	(Name of For	eign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withd	rawal and fee(s) are submitted	d for filing.	
Please	return all cor	respondence concerning this	matter to the followin	g:
JOHN	JENKINS			
		(Name of Person)		-
JI.J PC)MPANO IN	VESTOR, LLC		
	(Firm/Company)			-
7814 (GLEN ALBE	NS CIRCLE		
		(Address)		_
DALL	AS, TX 7522	25		
		(City/State and Zip Code	e)	
For fur	ther informat	tion concerning this matter, p	lease call:	
JOHN	JENKINS		214 ut (869-1506
	(N	lame 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	
Enclos	ed is a check	c 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

JLJ POMPANO INVESTOR, LLC
(Name of limited liability company)
TEXAS
(Jurisdiction of its organization)
DECEMBER 11, 2023
(Date registered with Florida Department of State)
M23000015499
(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:
(Signature of authorized representative)
JOHN JENKINS
(Typed or printed name of signee)

Filing Fee: \$25.00