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Office Use Only



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## **CORPORATE** ACCESS,

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

	PICK UP:	BROOK 5/30
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	ILC AMEND - Withdrawl
1.	PB BREAKERS HOCKEY I	
	CORTORATE NAME AND DOCOMES	.1 ")
2.	(CORPORATE NAME AND DOCUMEN	T <b>r</b> #)
3.		
	(CORPORATE NAME AND DOCUMEN	(Tr #)
4.	(CORPORATE NAME AND DOCUMEN	Y[ #)
5.		
·	(CORPORATE NAME AND DOCUMEN	F(\(\frac{1}{4}\)
6.	(CORPORATE NAME AND DOCUMEN	
SPECIAL	LINSTRUCTIONS:	

#### **COVER LETTER**

TO: Registr Divisio		ection orporations			
	Break	ers Hockey LLC			
SUBJECT:		(Name of Fo	reign Lim	ited Liability	Company)
Dear Sir or Mad	am:				
The enclosed wi	thdraw	al and fee(s) are submitte	ed for filin	g.	
Please return all	corres	oondence concerning this	matter to	the following	3:
Jill Ormond					
<u> </u>		(Name of Person)			-
Kaplin Stewart					
		(Firm/Company)		· · ·	-
910 Harvest Dri	ve				
		(Address)			-
Blue Bell, PA 1	9422				
		(City/State and Zip Coo	ie)		-
For further infor	rmation	concerning this matter,	please call	:	
Jill Ormond			at	610	941-2583
	Sir or Madam:  Inclosed withdrawal and fee(s) are submitted for filing.  I		Daytime Telephone Number)		
Regis Divisi P.O. I	tratior ion of Box 61	Section Corporations 327			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a cl	heck fo	r the following amount	:		
■\$25 Filing Fe	ec			Filing Fee & tified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

PHIODITY TO SO

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PB BREAKERS	HOCKEY LLC	
<del></del>	(Name of limited liability company)	
DELAWARE		
<del></del>	(Jurisdiction of its organization)	
1/30/2024		
	(Date registered with Florida Department of State)	
M24000001098		
	(Florida Document Number)	
(If an effective more than 90 o <b>Note</b> : If the da	date is listed, the date must be specific and cannot be prior to date of filing or lays after filing.)  te inserted in this block does not meet the applicable statutory filing requirement of be listed as the document's effective date on the Department of State's record (Signature of authorized representative)	
	Mark Horowitz, Authorized Person  (Typed or printed name of signee)	

Filing Fee: \$25.00