

M124 00000 1099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

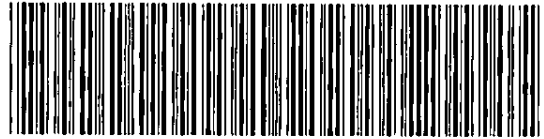
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 31 2024

Office Use Only



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RECEIVED
2024 MAY 30 AM 10:29
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

FILED
2024 MAY 30 PM 10:36
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

CORPORATE
ACCESS,
INC.

When you need ACCESS to the world

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	PHOTOCOPY	_____
	GS	_____
XX	FILING	<u>LLC AMEND - Withdrawal</u>

- 1. PBIW HOLDCO LLC
(CORPORATE NAME AND DOCUMENT #)
- 2. _____
(CORPORATE NAME AND DOCUMENT #)
- 3. _____
(CORPORATE NAME AND DOCUMENT #)
- 4. _____
(CORPORATE NAME AND DOCUMENT #)
- 5. _____
(CORPORATE NAME AND DOCUMENT #)
- 6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PBIW Holdco LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Ormond

(Name of Person)

Kaplin Stewart

(Firm/Company)

910 Harvest Drive

(Address)

Blue Bell, PA 19422

(City/State and Zip Code)

For further information concerning this matter, please call:

Jill Ormond

(Name of Person)

610 941-2583
at (_____) _____
(Area Code & 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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

FILED
2024 MAY 30 PM 10:37

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PBIW HOLDCO LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

1/30/2024

(Date registered with Florida Department of State)

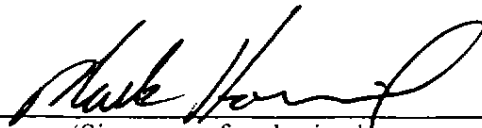
M24000001099

(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: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Mark Horowitz, Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00