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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL
KIDS EMPIRE CORDOVA MALL PENSACOLA (FL) LLC

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COVER LETTER

TO: Registration Section		
Division of Corporations	Cordova Mall Danagoola (EL) LLC	
Kids Empire	Cordova Mall Pensacola (FL) LLC	
SUBJECT:		
(Name of Fo	reign Limited Liability Company)	
Dear Sir or Madam:		
	Lo Mil	
The enclosed withdrawal and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning this	matter to the following:	
	· ·	
(Name of Person)		
Capitol Services - Corporate Filings	Team	
(Firm/Company)		
515 East Park Avenue 2nd Fl		
(Address)		
Tallahassee , FL 32301		
(City/State and Zip Cod	<u>ie)</u>	
For further information concerning this matter of	dence call:	
For further information concerning this matter, p	nease can.	
	055 400 5500	
	at (855) 498 - 5500	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314	
Tallahassee, FL 32303	Taltalia5500, 1 15 525 14	
Enclosed is a check for the following amount:		
S25 Filing Fee \$30 Filing Fee &	S55 Filing Fee & \$60 Filing Fee,	
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

/U/S list
Pi 1: 20

Filing Fee: \$25.00