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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

KIDS EMPIRE SUNRISE SUNSET SQUARE SHOPPING CENTER (F

Certificate of Status	0
Certified Copy	1
Page Count	03
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COVER LETTER

TO: Registration Section Division of Corporations		
Kids Empire Sunrise S	Sunset Square Shopping Center (FL) LLC	
SUBJECT: (Name of Foreign	gn Limited Liability Company)	
(Name of Pote)	gn Entitled Clabinty Company)	
Dear Sir or Madam:		
Dear Sir of Madain.		
The enclosed withdrawal and fee(s) are submitted f	for filing.	
Please return all correspondence concerning this ma	atter to the following:	
•	-	
(Marrie of Bernary)		
(Name of Person)		
Capitol Services - Corporate Filings Te	eam	
(Firm/Company)		
515 East Park Avenue 2nd FI		
(Address)		
(reares)		
Tallahassee , FL 32301		
(City/State and Zip Code)		
For further information concerning this matter, plea	ase call:	
	at (855) 498 - 5500	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Compositions	
The Centre of Tallahassee	Division of Corporations P.O. Box 6327	
2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314	
Tallahassee, FL 32303	·	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$60 Filing Fee,	
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Docusign Envelope ID: 3D326699-9B08-44A8-BA50-C9DCF48B72E9

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Kids Empire Sunrise Sunset Square Shopping Center (FL	.) LLC
(Name of limited liability company)	·-
Delaware	
(Jurisdiction of its organization)	
11/19/2024	
(Date registered with Florida Department of State)	
M24000014677	
(Florida Document Number)	
Effective Date, if other than the date of filing:	filing requirements,
and date will not be instead as are decomment a effective date on the population	771
	: 5
Signed by:	. 2
(Grille Bessiere	. 13
(Signature of authorized representative)	
Cyrille Bessiere	
(Typed or printed name of signee)	

Filing Fee: \$25.00