

M9700000004Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

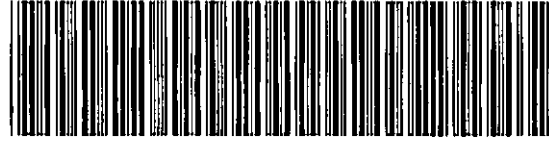
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/17/20--01020--005 \*\*25.00

20 AUG 17 AM 11:12

FILED  
CLERK OF DISTRICT COURT  
JULY 20 2020

*Withdrawal*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KUD International 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:

Sarah Montgomery  
\_\_\_\_\_

(Name of Person)

c/o Kajima U.S.A. Inc.  
\_\_\_\_\_

(Firm/Company)

3550 Lenox Rd NE, STE 1850  
\_\_\_\_\_

(Address)

Atlanta, GA 30326  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Montgomery  
\_\_\_\_\_

404

519-2023

at (\_\_\_\_\_) \_\_\_\_\_

(Name of Person)

(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:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

20 AUG 17 AM 11:12

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KUD International LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

01/31/1997

\_\_\_\_\_  
(Date registered with Florida Department of State)

M97000000042

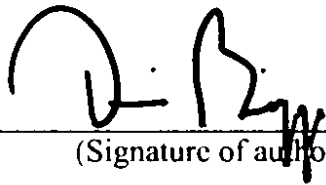
\_\_\_\_\_  
(Florida Document Number)

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)

Dennis Biggs, President

\_\_\_\_\_  
(Typed or printed name of signee)

20 AUG 17 AM 11:12

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
2017 AUG 17 PM 11:12

**Filing Fee: \$25.00**