

M21000000448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

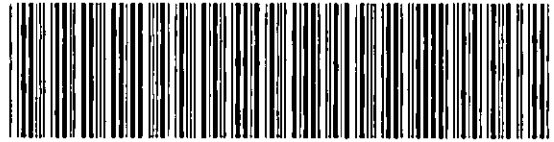
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR 31 PM 2:54

A. BUTLER

APR 01 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/31/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1023128

ORDER ENTITY
KUNO CREATIVE GROUP, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

KUNO CREATIVE GROUP, LLC (FL)

File the attached withdrawal document

NOTES:

\$25.00 Authorize

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

2022 MAR 31 PM 12: 42

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Kuno Creative Group, LLC

(Name of limited liability company)

Ohio

(Jurisdiction of its organization)

January 12, 2021

(Date registered with Florida Department of State)

M2100000448

(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.

X *Chris Knipper*

(Signature of authorized representative)

Chris Knipper, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00