

MD500000 2220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

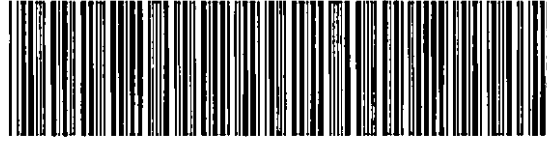
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400324180364

02/01/19--01011--004 \*\*25.00

FILED  
2019 FEB -1 AM 11:27  
MONTGOMERY COUNTY

D. BRUCE  
FEB 11 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1902 ASSOCIATES, 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:

MARCO ARNONE  
\_\_\_\_\_  
(Name of Person)

1902 ASSOCIATES, LLC  
\_\_\_\_\_  
(Firm/Company)

1902 TAYLORS LANE  
\_\_\_\_\_  
(Address)

CINNAMINSON, NJ 08077  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO ARNONE at ( 856 ) 829-5522 X314  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**FILED**  
 2019 FEB - 1 AM 11: 27  
 TALLAHASSEE DIVISION

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

1902 ASSOCIATES, LLC

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

NEW JERSEY

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

APRIL 28, 2005

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

M05000002220

\_\_\_\_\_  
(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.

**Marco Arnone**  
Digitally signed by Marco Arnone  
DN: cn=Marco Arnone,  
ou=New Corp, ou,  
email=marco.arnone@newcorp.com,  
c=US  
Date: 2019.01.28 17:23:43 -0500

\_\_\_\_\_  
(Signature of authorized representative)

MARCO ARNONE

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

FILED  
2019 FEB -1 AM 11:27  
DEPARTMENT OF STATE  
CORPORATION DIVISION