

10910000004035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

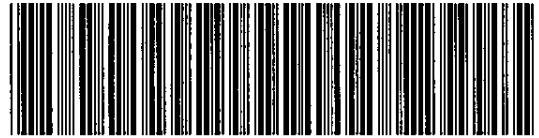
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 JAN 15 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 19 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to **withdraw and cancel the certificate of authority of a foreign limited liability company**. The requirements are as follows:

- ◀ Pursuant to s. 605.0910, Florida Statutes, the attached withdrawal application must be completed in its entirety.
- ◀ The fees are as follows:
 - \$25.00 Filing Fee ✓
 - \$30.00 Certified Copy (optional)
 - \$ 5.00 Certificate of Status (optional)
- ◀ A letter of acknowledgment will be issued free of charge upon withdrawal. Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- ◀ A COVER letter should be submitted along with the application and check. The mailing address and courier address are noted below.
- ◀ Please send the application to:

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTREME LINEN, 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:

LEE M COHEN, CPA
(Name of Person)

LM COHEN & COMPANY
(Firm/Company)

1 WEST 34TH ST, 8TH FL
(Address)

NEW YORK, NY 10001
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LEE M COHEN, CPA at (212) 967-2300
(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EXTREME LINEN, LLC

(Name of limited liability company)

NEW YORK

(Jurisdiction of its organization)

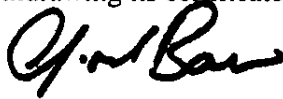
10/12/2009

(Date registered with Florida Department of State)

M09000004035

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

YIGAL BARMUCHA

(Typed or printed name of signee)



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00