(Rec	questor's Name)	
(Add	iress)	
(A.J.		
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
-		
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		

Office Use Only



300279848523

15 DEC -8 PM 2: 16

Parkers

DEC 0 9 2015 Y SULKER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/8/15

NAME:

LORI WEISS INVESTMENTS LLC

TYPE OF FILING: WITHDRAWAL

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

File Second Xis

COVER LETTER

TO: Registration Section Division of Corporations	
LORI WEISS INVESTMENTS 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:	
Mary Paris	
(Name of Person)	
TRIAD Professional Services, LLC	
(Firm/Company)	
1720 Windward Concourse, Suite 390	
(Address)	
Alpharetta, GA 30005	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary Paris 770 777-2091	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 Certificate of Status □ \$30 Filing Fee Certified Copy □ \$60 Filing Fee,	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LOKI WEISS INVESTIMENTS LLC			
(Name of limited liability company)			•
Delaware			
(Jurisdiction of its organization)			-
01/30/2012			
(Date registered with Florida Department of State)			•
M1200000553			
(Florida Document Number)			•
This limited liability company is withdrawing its certificate of authority in this state.			
Lai Mu	mys. Type yma from fr	15 DEC	٠, ٠, ٠
(Signature of authorized representative)	32 (T) (A) (: :	8	us. • 3
LORI B. WEISS	<u> </u>	A	j. j
(Typed or printed name of signee)	STATE.	A14 10: 44	, e 4 t. E

Filing Fee: \$25.00