Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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LLC DISSOLUTION OR WITHDRAWAL CPR ACQUISITION HOLDINGS, LLC

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JUN - 5 2013

T. HAMPTON

COVER LETTER

OO VER EET IER				
TO: Registration Division of C				
SUBJECT: CPR Acquisition Holdings, LLC				
	(Name of Fore	ign Limited Liability C	ompany)	
Dear Sir or Madam;				
The enclosed withora	wal and fee(s) are submitted	for filing.		
Please return all corre	spondence concerning this	matter to the following:		
s	amuel M. Kidder			
	(Name of Person)			
Klee, Tuchin	n, Bogdanoff & S	Stern LLP		
(Firm/Company)				
1999 Avranua	of the Stars 3	IOHA PIAAN		
1999 Avenue of the Stars, 39th Floor (Address)				
	(**************************************			
Los Angeles	, CA 90067-6049		•	
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Tot taking intermetion concerning this matter, prease earl,				
Jessica :	Hale	at (213	337-4611 Daylime Telephone Number)	
(Na	me of Person)	(Area Code &	Daytime Telephone Number)	
STREET/C	STREET/COURIER ADDRESS: MAILING ADDRESS:			
	Registration Section Registration Section			
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	☐ \$30 Filing F∞ & Certificate of Status	□ \$55 Filing Fee & Cortified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CPR Acquisition Holdings, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
03/31/2014
(Date registered with Plorida Department of State)
M14000002142
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Jeanca Hale
(Signature of authorized representative)
Jession Hale
(Typed or printed name of signee)

Filing Fee: \$25.00

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