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(Re	equestor's Name)			
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SECRETARY OF STATE
ALL AHASSEE FLORIDA

K. SALY MAR 28 2017

## **COVER LETTER**

TO:		Section Corporations		* F
SUBJE	ст: <u>М</u>	Name of Fo	Triathlan reign Limited Liability	Company)
Dear Si	r or Madam:			
The enc	losed withdra	awal and fee(s) are submitte	ed for filing.	
Please r	eturn all corr	espondence concerning this	s matter to the following	:
;	chael	(Name of Person)		-
_M -	Jac L	(Firm/Company)	<b>8</b> 0.	-
123	Cana	(Address)		
	i '	(City/State and Zip Coc	7ie)	,
For furti	ner informatio	on concerning this matter, p	olease call:	
Mic	hael	me of Person)	at ( <u>2                                   </u>	) 515-2537 Daytime Telephone Number)
	(IN2	me of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
		tive Center Circle Florida 32301	Tallah	assee, Florida 32314
Enclose	d is a check	for the following amount:		
<b>∕</b> \$25 F	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

(Name of limited liability company)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
(Typed or printed name of signee)

Filing Fee: \$25.00