

112000002455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acceleration Retirement, 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:

Jane Murphy

(Name of Person)

Acceleration Retirement, LLC

(Firm/Company)

800 Jackson St, Ste 200

(Address)

Dallas, TX 75202

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian D. Parris, CPA

(Name of Person)

at (918) 744-9657

(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

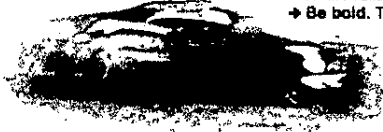
Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|



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→ Be bold. Take advantage of the opportunity.



Friday 4, 2014

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

To Whom It May Concern:

Included is a check for the certified copy, in the amount of \$30.00.

Regards,

Karen Zaloumis
Office Manager

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Acceleration Retirement, LLC

(Name of limited liability company)

Ohio

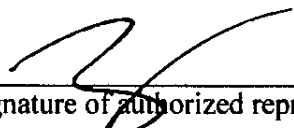
(Jurisdiction of its organization)

(Date registered with Florida Department of State)

M120000002455

(Florida Document Number)

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


(Signature of authorized representative)

JANE MURPHY

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA