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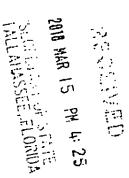
(Requestor's Name)
(Address)
(Address)
(1818)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,,
(Decreed New Lee)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 119398 77004	412
AUTHORIZATION : Spelle Reman	,
COST LIMIT : \$25'.00	
ORDER DATE: March 15, 2018	
ORDER TIME : 3:52 PM	
ORDER NO. : 119398-005	
CUSTOMER NO: 7700412	2018 WA
<u>FOREIGN FILINGS</u>	15 V 5
NAME: COMVEST CAPITAL, LLC	2 5
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	
XXXX WITHDRAWAL/CANCELLATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS	

EXAMINER:

CONTACT PERSON: Emily Croft - EXT# 62925

COVER LETTER

	istration ision of C	Section Corporations			
SUBJECT:	Comves	t Capital, LLC			
SOBSECT.	(Name of Foreign Limited Liability Company)				
Dear Sir or N	∕ladam:				
The enclosed	i withdray	val and fee(s) are submitte	d for filing.		
Please return	all corre	spondence concerning this	matter to the following	:	
Cecilio M. R	Rodriguez				
		(Name of Person)			
Comvest Par	rtners				
		(Firm/Company)			
525 Okeech	obee Blvo	d, Suite 1050			
(Address)					
West Palm I	Beach, FL	. 33401			
		(City/State and Zip Cod	c)		2018 WAR 15
Por further in	nformatio	n concerning this matter, p	lease call:		n 15
Christina Fle	eischman	n	561 at (727-2016	umber 65 6
	(Nai	ne of Person)	(Area Code &	Daytime Telephone No	umber 6 2 2 2 2 2 3
		OURIER ADDRESS:	MAIL	<u>.</u> . —	
	gistration	Section Corporations		ration Section on of Corporations	
	nsion of C fton Build			on of Corporations Sox 6327	
266	1 Executi	ve Center Circle Florida 32301		assee, Florida 32314	
Enclosed is :	a check f	or the following amount:			
■ \$ 25 Filing	g Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Si	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Filing Fee: \$25.00