MMM06516

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

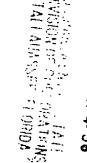
Office Use Only



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D SCOTT JUN 2 4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

___ PLAIN STAMPED COPY
___ CERTIFICATE OF STATUS

CONTACT PERSON: Lydia Cohen - EXT# 62974

ACCOUNT NO. : I20000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: June 21, 2019 ORDER TIME : 3:07 PM ORDER NO. : 817587-005 CUSTOMER NO: 7498792 FOREIGN FILINGS NAME: 1776 COLLINS CSB EMPLOYER, LLC CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

1776 Collins CSB Employer, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
09-11-2014	N3 :
(Date registered with Florida Department of State	e)
M1400006516	
(Florida Document Number)	70
This limited liability company is withdrawing its certificate of authority	y in this state.
Effective Date, if other than the date of filing:(If an effective date is listed, the date must be specific and cannot be promore than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable state this date will not be listed as the document's effective date on the Department.	tutory filing requirements,
Joshua Chu	
(Typed or printed name of signee)	

Filing Fee: \$25.00