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

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Phone

: (850)222-1092

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## LLC DISSOLUTION OR WITHDRAWAL MANUFACTURER AND DEALER SERVICES LLC

| Certificate of Status | 0       |
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10N - 6 2013 T. HAMPTON

## **COVER LETTER**

|                | istration Section<br>sion of Corporations   | •                                      |   |
|----------------|---|--|---|
| SUBJECT:       | Manufacturer and Dealer Services            | LLC                                    |   |
| SUDJECT:       | (Name of For                                | elgn Limited Linbility C               | Company)  |
|                |   |  |   |
| Dear Sir or M  | ladam:                                      |  |   |
| The enclosed   | withdrawal and fco(s) are submitted         | d for filing.                          |   |
| Please roturn  | all correspondence concerning this          | matter to the following:               |   |
|                |   |  |   |
| Yvonne Mi      | ller  |  |   |
|                | (Name of Person)                            |  |   |
|                |   |  |   |
| Manufacture    | r and Dealer Services LLC                   |  |   |
|                | (Firm/Company)                              | •                                      |   |
|                | _   |  |   |
| 201 Merrit     | · · · · · · · · · · · · · · · · · · ·       |  |   |
|                | (Address)                                   |  |   |
| Norwalk, (     | T 06851                                     |  |   |
| · · · · · ·    | (City/State and Zip Code                    | =)                                     |   |
|                |   |  |   |
| For further in | formation concerning this matter, pl        | case call:                             |   |
| Yvonne Mi      | ller  | nt ( <sup>201</sup>                    | 229-5243  |
|                | (Name of Person)                            | (Area Code &                           | Daytime Telephone Number)                                       |
| STR            | LEET/COURIER ADDRESS:                       | MAIL                                   | ING ADDRESS:  |
|                | stration Section                            | Registration Section                   |   |
|                | sion of Corporations                        | Division of Corporations P.O. Box 6327 |   |
|                |   | ox 6327<br>Issoe, Plorida 32314        |   |
|                | shassee, Florida 32301                      |  |   |
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Manufacturer and Dealer Services LLC   |
|--|
| (Name of limited liability company)  |
| Dolaware   |
| (Jurisdiction of its organization)   |
| 05/08/2001   |
| (Date registered with Florida Department of Stale)                                     |
| M01000001033   |
| (Florida Document Number)  |
| This limited liability company withdrawing its certificate of authority in this state. |
| (Signature of authorized representative)   |
| Anthony J. Iannini   |
| (Typed or printed name of signce)  |

Filing Fee: \$25.00

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