M01000002448

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addr | ress) · | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Docu | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | - |
| | | |
| | | |

Office Use Only



100301020801

07/05/17--01009--025 **25.00

217 JUL -5 A 7 57 SECRETARY OF STATE

n BRUCE JUL 0 6 2017

COVER LETTER

| Division of | Corporations | | | | |
|--|---|------------------------------------|---|----------------------|-------|
| Olson SUBJECT: | Florida LLC | | | | |
| SUBJECT: | (Name of For | reign Limited Liability | Company) | | |
| Dear Sir or Madam: | | | | | |
| The enclosed withdr | awal and fee(s) are submitte | d for filing. | | | |
| Please return all corr | respondence concerning this | matter to the following | ; | | |
| Thomas B. Parent | | | | | |
| | (Name of Person) | | | | |
| Stuart & Branigin L | LP | | | | |
| | (Firm/Company) | | | | |
| 300 Main Street, Ste | e. 900 | | | | |
| | (Address) | | - | | |
| Lafayette, IN 47901 | | | | | |
| | (City/State and Zip Cod | le) | • | TASE SE | _ |
| For further informat | ion concerning this matter, p | elease call: | | SECRETAF ALLAHAS! | דורנט |
| Thomas B. Parent | | 765 at (| 423-1561 | SEE OY C | IT |
| (N | ame of Person) | | Daytime Telephone Numb | FLOR | C |
| Registration Division of Clifton Bui 2661 Exect | Corporations | Regist Divisi P.O. F | LING ADDRESS: tration Section on of Corporations Box 6327 hassee, Florida 32314 | STE RIDA | |
| Enclosed is a check | for the following amount: | | | | |
| ■ \$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Statu | ıs & | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Olson Florida L | LLC | |
|---|---|----------------------|
| | (Name of limited liability company) | |
| Indiana | | |
| | (Jurisdiction of its organization) | |
| October 26, 200 | 01 | |
| | (Date registered with Florida Department of State) | |
| M01000002448 | 8 | |
| | (Florida Document Number) | |
| This limited I | liability company is withdrawing its certificate of authority in the | nis state. |
| (If an effective more than 90 Note: If the d | te, if other than the date of filing: May 3, 2017 ve date is listed, the date must be specific and cannot be prior to days after filing.) date inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department | filing requirements, |
| | (Signature of authorized representative) Thomas B. Parent, attorney for Olson Florida LLC (Typed or printed name of signee) | TALLAHASSEE. FL |

Filing Fee: \$25.00