Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000157780 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL CONNERTON, LLC

0
0
03
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 30 2016

S. YOUNG

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: Conner	ton, LLC		
SUBJECT.		reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following	:
Diane Richardson			
The second secon	(Name of Person)	recht stiffenbetalligebetellertenby führligen villering gegenn in besteht	•
Connection, LLC			
	(Firm/Company)		
3953 Maple Avenue	Suite 300		
	(Address)		
Dalias, Texas 75219	•		
	(City/State and Zip Coo	le)	
For further information	on concerning this matter, p	slease call:	
Diane Richardson		972	934-7400
	ime of Person)	at ()
(145	ine or reison)	(Med Code &	Daytitle Pelephone (4000041)
STREET/C	OURIER ADDRESS:	MAIL	ING ADDRESS:
Registration			ration Section
	Corporations		on of Corporations
Clifton Buil	•		lox 6327
	tive Center Circle Florida 32301	Tallah	assee, Florida 32314
Enclosed is a check	for the following amount:		
325 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certifled Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Connection, LLC		
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
1/i 0/02		6 28
	(Date registered with Florida Department of State)	
M02000000086	·	JUN 29
	(Florida Document Number)	9 84
This limited liability	company is withdrawing its certificate of authority in this state.	AM II: 44
	(Signature of authorized representative)	F 9
	Karleen Reynolds (Typed or printed name of signee)	,

Filing Fee: \$25.00