Marcelle

(Re	questor's Name)			
(Ad	dress)			
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		i		

Office Use Only



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CONSIDER OF STATE

ALLAHASSES FLOOR

COVER LETTER

TO:

	gistration Section vision of Corporations					
SUBJECT:	Casben Limited Company					
SUBJECT.	(Name of Fo	reign Limited Liability	Company)			
Dear Sir or l	Madam:					
The enclose	d withdrawal and fee(s) are submitte	d for filing.				
Please return	n all correspondence concerning this	matter to the following	;			
Kim Guz	zo					
	(Name of Person)		-			
Casto						
	(Firm/Company)		-			
250 Civid	Center Drive, Suite 500					
	(Address)		-	7. S	1 6	
Columbu	ıs, Ohio 43215					
	(City/State and Zip Coo	le)	-	要是	JAN 2	F
For further i	nformation concerning this matter, p	lease call:		And the second	-0	0
Kim Guz	zo	614	227-3497	95	<u>ر</u> ب —	
	(Name of Person)		Daytime Telephone Number)	Jan Ph	Ţ-	
Rep Div Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, Florida 32301	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314			
Enclosed is	a check for the following amount:					
■ \$25 Filin	g Fee \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Casben Limited Company			
(Name of limited liability company)			_
Ohio			
(Jurisdiction of its organization)			_
April 25, 2002			
(Date registered with Florida Department of State)			_
M0200001067			
(Florida Document Number)	•		_
This limited liability company is withdrawing its certificate of authority in this star	te.		
(Signature of authorized representative)	-		
	37 ⁴ (0)		
Kim Guzzo		6	
(Typed or printed name of signee)		JAN	7
		121	
	<u> </u>	7	
		<i>ب</i> ې 	

Filing Fee: \$25.00