

M62000002345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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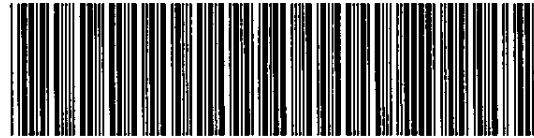
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY OFFICE METRICS, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN LW CARROLL

(Name of Person)

(Firm/Company)

103 GOLFWIEW DRIVE

(Address)

TEQUESTA, FL 33469

(City/State and Zip Code)

For further information concerning this matter, please call:

JONTHAN LW CARROLL

(Name of Person)

at 561 373-7171

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FAMILY OFFICE METRICS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

August 13, 2002

(Date registered with Florida Department of State)

M02000002345

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

JONATHAN LW CARROLL

(Typed or printed name of signee)

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FILED

Filing Fee: \$25.00