00000 Degroit 8/3/2015 4:06 Division of 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 7 CORPORATION SYSTEM

Account Number: FCA00000023 Phone : (850) 205-8842

Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL CABLE CONNECTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration of Division of	n Section Corporations		
SUBJECT: Cable	Connectors, LLC		
	(Name of For	eign Limited Liability C	Company)
n <i>e</i> :			
Dear Sir or Madam:			
The enclosed withda	awal and fee(s) are submitte	d for filing.	
Please return all con	respondence concerning this	matter to the following:	
	(Name of Person)		
Cable Connectors,	LLC		
	(Firm/Company)		
	(Address)		
	(City/State and Zip Cod	le)	
	(0.0.0	·- -	
For further informat	ion concerning this matter, p	lease call:	
		at ()
٦)	lame of Person)	(View Code &	Ditytime Tesephone Number)
STREET/	COURIER ADDRESS:	MAIL	ING ADDRESS:
Registratio	Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
2661 Execu	nding utive Center Circle		assee, Florida 32314
	, Florida 32301	2	
Enclosed is a check	for the following amount:		
20 \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

8/3/2015 4:06:46 PM From: To: 8506176383(3/3)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cable Connectors, LL	C
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
01/21/2003	
	(Date registered with Florida Department of State)
M03000000202	
	(Florida Document Number)
This limited liabili	ty company is withdrawing its certificate of authority in this state.
	QCD-
	(Signature of authorized representative)
Н. А	andrew Deferrari, Manager
~- 	(Typed or printed name of signee)

Filing Fee: \$25.00

15 AUG -3 AH 6: 55
SECKETARY OF STATE
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