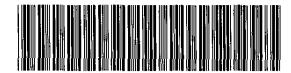
M03000004007

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Ві	usiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
		}		

Office Use Only



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15 JAN 21 PM 2: 41

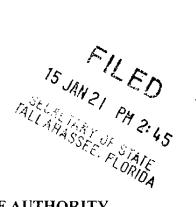
JAN 2 2 2015

T. BROWN

*	•	•
ACCOUNT NO.	: I2000000195	
REFERENCE	: 464997 163137A	
AUTHORIZATION	Local Blace	
COST LIMIT	: \$ 25.00	
ORDER DATE : January 19, 2015		
ORDER TIME : 11:08 AM		
ORDER NO. : 464997-015		
CUSTOMER NO: 163137A		
FOREIGN FI NAME: COLUMN GUARANT		
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY	t.	
XXXX WITHDRAWAL/CANCELLATION		
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS		
CONTACT PERSON: Courtney Willi	.ams - EXT# 62935	
	EXAMINER:	

COVER LETTER

TO: Registration Division of	Section Corporations		
Colui	mn Guaranteed LLC		
SUBJECT:	(Name of Fo	reign Limited Liability (Сотралу)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corn	espondence concerning this	matter to the following	:
	(Name of Person)		
	(Finn/Company)		•
-	(Address)		
	(City/State and Zip Coo	de)	
For further informati	on concerning this matter, r	lease call:	
		at ()
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	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	S30 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

Column Guaranteed LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
12/3/2003
(Date registered with Florida Department of State)
M0300004007
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Rhonda G. MAtty
(Typed or printed name of signee)

Filing Fee: \$25.00