## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations Please reign original filing date of submission 1/25

From:

Account Name : C T CORPORATION S

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number : (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL SALES OPTIMIZER, LLC

Certificate of Status	_0
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July 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SALES OPTIMIZER, LLC 385 DOUGLAS AVENUE, SUITE 3350 ALTAMONTE SPRINGS, FL 32714

SUBJECT: SALES OPTIMIZER, LLC

REF: MQ4000000187

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III FAX Aud. #: B14000176877 Letter Number: 214A00016047

\*RE-SUBMIT\*
Please retain original filling
date of submission 1/25

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
Sales	Optimizer, LLC		
JOBSECT	(Name of For	eign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following	:
Kim Bronson			
······································	(Name of Person)		
Focus OMR, LI	_c		
	(Firm/Company)		•
2290 Lucien W	ay, Suite 360		
	(Address)		•
Maitland, FL 32	2751		
	(City/State and Zip Cod	le)	•
For further informati	ion concerning this matter, p	elease call:	
(N	ame of Person)	at (at (Area Code &	Daytime Telephone Number)
STREET/A Registration Division of Clifton Bui 2661 Execu	COURIER ADDRESS:  n Section  Corporations	MAII Regist Divisi P.O. 1	LING ADDRESS: tration Section on of Corporations 30x 6327 tassee, Florida 32314
Enclosed is a check	for the following amount:		
S25 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

Sales Optimizer, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
01/13/2004
(Date registered with Florida Department of State)
M0400000187
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Mah Mala
(Signature of authorized representative)
Nik Nikic
(Typed or printed name of signee)

Filing Fee: \$25.00

14 JUL 25 AM 7: 34
SECRETARY OF STATE
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