

M 04 000001317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

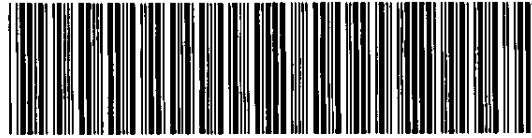
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bush JAN 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Utilipath 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:

Angelia Ryan
(Name of Person)

Utilipath LLC
(Firm/Company)

136 Corporate Park Dr. Ste G
(Address)

Mooresville, NC 28117
(City/State and Zip Code)

For further information concerning this matter, please call:

Angelia Ryan at 704 658-3782
(Name of Person) (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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Utilipath LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

May 21, 2004

(Date registered with Florida Department of State)

M04000001317

(Florida Document Number)

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

(Signature of authorized representative)

Loquian Luna

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 23 AM 11:47

FILED

Filing Fee: \$25.00