

MOBILE 5044

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H1 50002626523A8C5

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

2015 NOV - 3 A 10 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL
ICR PROPERTIES, LLC

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

RECEIVED

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Corporate Filing Menu

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11/3/2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICR Properties, 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:

Sue Puckett

(Name of Person)

ICR Properties, LLC

(Firm/Company)

123 N Court St

(Address)

Fayetteville, WV - 25840-1209

(City/State and Zip Code)

For further information concerning this matter, please call:

Sue Puckett

(Name of Person)

304

574-3096

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV - 3 A 10:00

FILED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ICR Properties, LLC

(Name of limited liability company)

South Carolina

(Jurisdiction of its organization)

11/12/2004

(Date registered with Florida Department of State)

M04000005044

(Florida Document Number)

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

Charles H. Wendell *MANAGER*
(Signature of authorized representative)

Charles H. Wendell *MANAGER*
(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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