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## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: ANSON-FF STA, BRIANDO, 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:
Rob (Name of Person)
(Firm/Company)
CHESTERFIELD VA 23838  (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (SO4), 75/-9257 (Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of fimited liability company)	
(Date registered with Florida Department of State)	
This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and capnot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements,	
(Signature of authorized representative)  BOB PANSON	
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and capnot be prior to date of filing of more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	