(Re	questor's Name)			
(Ád	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	TIAW	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

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15 DEC 16 AH 9: 54

DEC 1 7 2015 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 914023 7394191

AUTHORIZATION : (

COST LIMIT : \$25.00

\_\_\_\_\_

ORDER DATE: December 16, 2015

ORDER TIME : 1:19 PM

ORDER NO. : 914023-005

CUSTOMER NO: 7394191

\_\_\_\_\_

## FOREIGN FILINGS

NAME: LD SPRAYFIELD LLC

\_\_\_\_ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
LD S	orayfield LLC		
SUBJECT:	(Name of For	eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following:	
	(Name of Person)		
	(T) (Q)		
	(Firm/Company)		
	(Address)		
	(City/State and Zip Cod	e)	
For further informati	on concerning this matter, p	lease call:	
		at ()	)
(Na	ume 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		ration Section on of Corporations ox 6327	
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

LD Sprayfield	d LLC			
·	(Name of limited liability company)			
Delaware				
<del> =</del> .	(Jurisdiction of its organization)			
October 11,	2005			
	(Date registered with Florida Department of State)			
M050000056	591			
	(Florida Document Number)		<del></del>	
This limited lis	ability company is withdrawing its certificate of authority in this state.			
	- CC	Ŧ,	, <u>,,</u>	
	(Signature of authorized representative)		<b>15</b> 0	
	Sean P. Colvin, Vice President & Treasurer		OEC I	**
	(Typed or printed name of signee)	SSEE, FLORI	16 AM 9:5	Parameri Institute

Filing Fee: \$25.00