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Date:	10/11/2017			
		T. 120160000072		4:1.
Name:	Indrio Retail L	LC (DE)		
Document #:	M050000060	13	_	
Order #:	10672357			
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		Thank you!		

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Indrio Retail, LLC					
SUBJAC		eign Limited Liability C	Company)			
Dear Sir c	or Madam:					
The enclo	sed withdrawal and fee(s) are submitte	d for filing.				
Please ret	urn all correspondence concerning this	matter to the following:				
Chris Gal	ligan					
	(Name of Person)					
Stoltz Ma	inagement of Delaware, Inc.					
	(Firm/Company)					
725 Cons	hohocken State Rd					
_	(Address)					
Bala Cyn	wyd, PA 19004					
	(City/State and Zip Cod	le)				
For furthe	er information concerning this matter, p	olease call:				
Chris Ga	lligau	610 at (667-5800 ext 149			
	(Name of Person)	(Area Code &	Daytime Telephone Number)			
1	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			11 130 MB	E.M. or
	2661 Executive Center Circle Fallahassee, Florida 32301	Tallah	assee, Florida 32314	 	Airi &:	i 1 - 1
Enclosed	is a check for the following amount:			ج ک برنه	:3	
325 Fi	ling Fee S30 Filing Fee & Certificate of Status	\$555 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	Ser 1	- -	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Indrio Retail, LL	.C						
<u> </u>		(Name of limited liab	oility company)				
Delaware			•	•			
		(Jurisdiction of its	organization)				
October 27, 200	5						
	(Date r	egistered with Florid	a Department of State)				
M05000006013							
	<u>-</u>	(Florida Docume	nt Number)				
This limited li	ability company i	s withdrawing its co	ertificate of authority i	in this state	: .		
Effective Date	e, if other than the	date of filing:		ı	(optional))	
this date will i	not be listed as the	e document's effecti	et the applicable statu	ement of St	ate's reco	rds.	
	(Signature of authori	ized representative)				
	Michael Connolly				97 Ci	201	
		(Typed or printed	name of signee)		71 00 61 7	1 OCT 11 AM 8: 33	

Filing Fee: \$25.00