MOL000000294

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SECRETARY OF SIMILE
ALLAHASSEE, FLORIDA



ACCOUNT NO. : I2000000195

REFERENCE : 295828 5123330

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 12, 2014

ORDER TIME : 8:35 AM

ORDER NO. : 295828-005

CUSTOMER NO: 5123330

FOREIGN FILINGS

NAME: HARRINGTON, RIGHTER & PARSON,

L.L.C.

	CORPORATE			
	LIMITED	PARTNERSH	ΙP	
XXX	LIMITED	LIABILITY	COMPANY	

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

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COVER LETTER

Division of	Corporations		
Harri SUBJECT:	ngton, Righter & Pars	son, L.L.C.	
Bubbci,	(Name of Fo	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all con	respondence concerning this	matter to the following:	
Barbara Willian	nson		
 ,	(Name of Person)		
Cox Enterprise	s, Inc.		
	(Firm/Company)	-	
6205 Peachtre	e Dunwoody Road		
	(Address)		
Atlanta, GA 30	328		
	(City/State and Zip Coo	le)	
For further informati	on concerning this matter, p	lease call:	
Barbara Willian		678 at (645-0841
(1)	ame 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:		
□ \$25 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

Harrington, Righter & Parson, L.L.C.			
(Name of limited liability company)		·	_
Delaware			
(Jurisdiction of its organization)	~		
01/19/2006			
(Date registered with Florida Department of State)		-	
M0600000294			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this statement of authorized representative)	ite. _		
Shauna S. Muhl	ALL	7.	
(Typed or printed name of signee)	CRETARY OF STATE AHASSEE, FLORIDA	SEP 15 PM 3: 00	The same of the sa

Filing Fee: \$25.00