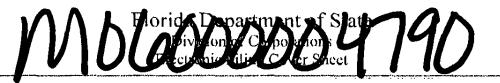
3/16/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338 Phone : (954)208-0845 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL CF FLORIDA LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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D. BRUCE MAR 1 7 2017

## **COVER LETTER**

| TO: Registration Division o                             | n Section<br>f Corporations                  |                                    |  |  |              |
|---|--|------------------------------------|--|--|--------------|
| CF  <br>SUBJECT:  | FLORIDA, LLC                                 |                                    |  |  |              |
| SUBJECT:  | (Name of Fo                                  | reign Limited Liability            | Company)   | ······································ |              |
| Dear Sir or Madam                                       | ,  |                                    |  |  |              |
| The enclosed withd                                      | rawal and fee(s) are submitte                | ed for filing.                     |  |  |              |
| Please return all cor                                   | respondence concerning this                  | matter to the following            | 3:   |  |              |
| Fred Blum   |  |                                    |  |  |              |
|   | (Name of Person)                             |                                    | _  |  |              |
| CF FLORIDA, LLO   | Z  |                                    |  |  |              |
|   | (Firm/Company)                               |                                    | _  |  |              |
| PO BOX 570  |  |                                    |  |  |              |
|   | (Address)                                    |                                    | -  | 2017                                   |              |
| EXETER NH 038   | 333  |                                    |  | AHU                                    | 6 1          |
|   | (Ciry/State and Zip Coo                      | le)                                |  | 16                                     | is described |
| For further informat                                    | ion concerning this matter, p                | olease call:                       | i.   | 2017 HAR 16 P W 2                      | Ö            |
| FRED BLUM   |  | et (                               | 658-0141   | 03 F 2                                 |              |
| 4)  | anie of Person)                              |                                    | Daytime Telephone Number   |  |              |
| Registratio<br>Division of<br>Clifton Bui<br>2661 Exect | Corporations                                 | Regis<br>Divis<br>P.O. I           | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>Jox 6327<br>nassee, Florida 32314 |  |              |
| Enclosed is a check                                     | for the following amount:                    |                                    |  |  |              |
| S25 Filing Fee  | ☐ \$30 Filing Fee &<br>Certificate of Status | S55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee,<br>Certificate of Status<br>Certified Copy                                | &                                      |              |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CF FLORIDA, LLC   |               |
|---|---------------|
| (Name of limited liability company)   |               |
| DELAWARE  |               |
| (Jurisdiction of its organization)  | <del></del>   |
| 08/29/2006  |               |
| (Date registered with Florida Department of State)  |               |
| M06000004790  |               |
| (Florida Document Number)   |               |
| This limited liability company is withdrawing its certificate of authority in this state. | •             |
| Frederick W. Blum   |               |
| (Signature of authorized representative)  | ₹ ~           |
| FREDERICK W. BLUM   |               |
| (Typed or printed name of signee)   | 2017 MAR 16 P |
|   | # 2           |

Filing Fee: \$25.00