

MC 0000 2055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800271726938

04/20/15--01053--002 \*\*50.00

FILED  
15 APR 20 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 29 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fletcher Thompson Architecture Engineering 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:

Michael S. Marcinek

(Name of Person)

Fletcher Thompson Architecture Engineering LLC

(Firm/Company)

PO Box 1500

(Address)

Bridgeport, CT

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael S. Marcinek

(Name of Person)

203

at ( )

225-6500

(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**

Fletcher Thompson Architecture Engineering LLC

(Name of limited liability company)

Connecticut

(Jurisdiction of its organization)

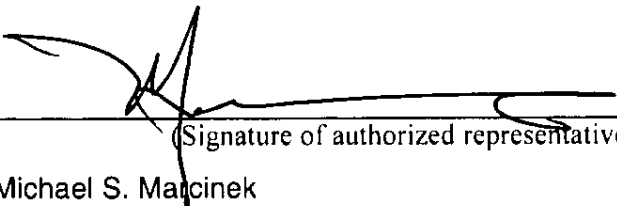
4/9/2007

(Date registered with Florida Department of State)

M07000002055

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
(Signature of authorized representative)

Michael S. Marcinek

(Typed or printed name of signee)

FILED  
15 APR 20 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**