M0700005346

(Requestor's Name)
(Address)
(Address)
(133,555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasilisas Elitis) Harris)
(Document Number)
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ACCOUNT NO. : 12000000195 REFERENCE : 247408 7961243 AUTHORIZATION :: COST LIMIT ORDER DATE: August 6, 2014 ORDER TIME : 1:46 PM ORDER NO. : 247408-035 CUSTOMER NO: 7961243 FOREIGN FILINGS NAME: CHANNEL ONE LLC ____ CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Courtney Williams - EXT# 62935

COVER LETTER

	ision of C	orporations		
SUBJECT:		NEL ONE LLC		
		(Name of Fo	reign Limited Liabilit	v Company)
Dear Sir or N	Madam:			
The enclosed	d withdray	val and fee(s) are submitte	ed for filing.	
Please return	all corres	spondence concerning this	matter to the following	ng:
Gina DiG	ioia			
		(Name of Person)	7	_
		(Firm/Company)		_
498 Seve	enth Ave	e. 19th FL.		
_ =		(Address)		·······
New York	k, NY 10	0018		
		(City/State and Zip Coo	le)	
For further in	nformation	concerning this matter, p	lease call:	
Gina DiGioia		212	329-8477	
	(Nam	e of Person)		& 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	a check fo	r 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

CHANNEL ONE LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
08/31/2007
(Date registered with Florida Department of State)
M0700005346
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. (Signature of authorized representative) Gina DiGioia
(Typed or printed name of signee)

Filing Fee: \$25.00