## M0700005398

(Requestor's Name)
• • •
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of States
Special Instructions to Filing Officer:
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FILED

JLS 3-25-19 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 694561 7688666

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AUTHORIZATION

COST LIMIT : \$\frac{1}{2}5\hat{2}\hat{3}\dots

ORDER DATE: March 21, 2019

ORDER TIME : 9:56 AM

ORDER NO. : 694561-020

CUSTOMER NO: 7688666

## FOREIGN FILINGS

NAME: PROJECT TRADE SOLUTIONS, LLC

CORPORATE

LIMITED PARTNERSHIP

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: Emily Croft - EXT# 62925

EXAMINER:

## **COVER LETTER**

TO:

Registration Section

Division of Corporations SUBJECT: \_\_\_ (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: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee ☐ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Project Trades Solutions, LLC	
(Name of limited liability company)	
Nevada	
(Jurisdiction of its organization)	
09/06/2007	
(Date registered with Florida Department of State)	
M07000005398	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
Effective Date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
(Signature of authorized representative)	O FL
Todd Gilman	
(Typed or printed name of signee)	

Filing Fee: \$25.00