m07000006611

| (Re | questor's Name) | | | |
|-------------------------|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ac | ldress) | | | |
| (Cir | ty/State/Zip/Phon | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bı | ısiness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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D. SCOTT DEC 2 7 2016

COVER LETTER

| TO: Registration Division of C | | | | |
|--|--|------------------------------------|--|-------------------------|
| SUBJECT: CPI Wo | | eign Limited Liability | Company) | |
| | | | | |
| Dear Sir or Madam: | | | | |
| The enclosed withdra | wal and fee(s) are submitted | d for filing. | | |
| Please return all corre | espondence concerning this | matter to the following | g: | |
| Cindy Dodson | | | | |
| | (Name of Person) | | _ | |
| CPI Worthing LLC | | | | |
| | (Firm/Company) | | _ | |
| c/o Kephart Fisher L | LC, 207 N Fourth Street | | | |
| | (Address) | | _ | |
| Columbus, OH 4321 | 15 | | | |
| | (City/State and Zip Cod | e) | _ | |
| For further information | on concerning this matter, p | lease call: | | |
| Cindy Dodson | | 614 at (| 469-1882 | 16 T |
| (Na | nme of Person) | | & Daytime Telephone Number) | 题 27 |
| Registration Division of Clifton Build 2661 Execu | Corporations | Regi Divis P.O. | stration Section sion of Corporations Box 6327 thassee, Florida 32314 | 3 PH 2: 54 SEEL FLORIDA |
| 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

| CPI Worthing LLC |
|---|
| (Name of limited liability company) |
| Ohio |
| (Jurisdiction of its organization) |
| 11/01/07 |
| (Date registered with Florida Department of State) |
| M07000006511 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) |
| Brian Shirken, Member |
| (Typed or printed name of signee) |

Filing Fee: \$25.00