

MD7000007156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

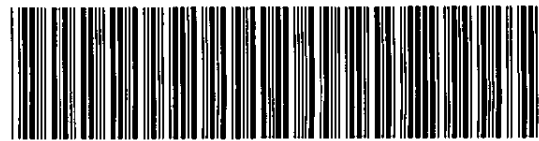
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400272963974

RECEIVED
15 JUL 20 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/08/15--01022--001 **25.00

FILED
15 SEP -8 PM 12: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2015

Y SULKEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Votre Vu, 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:

Teresa Koziara

(Name of Person)

Synergy Law Group, LLC

(Firm/Company)

730 W. Randolph St., Suite 600

(Address)

Chicago, IL, 60661

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Koziara

(Name of Person)

at (312)

(Area Code & Daytime Telephone Number)

454-0015

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 SEP -4 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 22, 2015

TERESA KOZIARA
730 W. RANDOLPH ST., SUITE 600
CHICAGO, IL 60661 US

SUBJECT: VOTRE VU, LLC
Ref. Number: M07000007156

We have received your document for VOTRE VU, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 215A00015368

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Votre Vu, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/07/2007

(Date registered with Florida Department of State)

M07000007156

(Florida Document Number)

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



(Signature of authorized representative)

Bartly Loethen

(Typed or printed name of signee)

FILED
15 SEP - 8 PM 12:58
FLORIDA DEPARTMENT OF STATE
ALACHUA COUNTY, FL 32310

Filing Fee: \$25.00