

M09000002881

(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



500295786195

02/24/17--01012--005 **25.00

2017 FEB 24 A 9 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
FEB 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NETRESULTS MANAGEMENT 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:

David MacBurnie
(Name of Person)

NETRESULTS MANAGEMENT
(Firm/Company)

51 BOULDER ROAD
(Address)

WILLESTON, VT 02491
(City/State and Zip Code)

For further information concerning this matter, please call:

David MacBurnie at (617) 875-9192
(Name of Person) (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

NETRESULTS MANAGEMENT LLC

(Name of limited liability company)

MASS

(Jurisdiction of its organization)

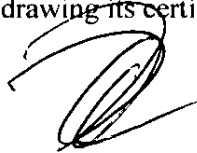
MAY 2009

(Date registered with Florida Department of State)

60-8015144772-3

(Florida Document Number)

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



(Signature of authorized representative)

DAVID MAC BUZNIC

(Typed or printed name of signee)

Filing Fee: \$25.00

2011 FEB 24 A 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED