

#110000000428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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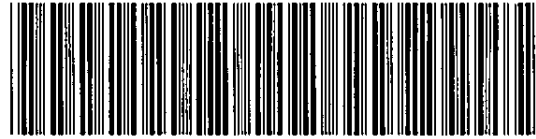
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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14 JAN -2 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

JAN -3 2014

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**DATE: 1/2/14**

**NAME: ROOFERS' SUCCESS INTERNATIONAL, LLC**

**TYPE OF FILING: WITHDRAWAL**

**COST: 55.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Roofers' Success International, 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:

**Elizabeth A. Cooper**

(Name of Person)

**400 W Market Street, 32nd Fl**

(Firm/Company)

(Address)

**Louisville, KY 40202-3363**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Elizabeth A. Cooper**

(Name of Person)

at ( **502** ) **568-0237**

(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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**Roofers' Success International, LLC**

(Name of limited liability company)

**Missouri**

(Jurisdiction of its organization)

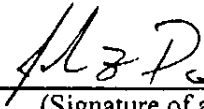
**02/01/2010**

(Date registered with Florida Department of State)

**M10000000428**

(Florida Document Number)

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



(Signature of authorized representative)

**John Pare, Secretary of Clockwork, Inc., Managing Member**

(Typed or printed name of signee)

**Filing Fee: \$25.00**