

4/7/2017

Division of Corporations

M1000000736

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA800000023
Phone : (614)280-3338
Fax Number : (954)208-0845

File First. Please
complete BEFORE
processing the
registration for fax audit#
H17000096718

LLC DISSOLUTION OR WITHDRAWAL
TRIVEDI-CAPACITY ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 APR -7 PM 3:55

17 APR -7 AM 9:24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

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APR 10 2017
J. HARRIS

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:

(Name of Person)

at (_____) _____
(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

TRIVEDI-CAPACITY ASSOCIATES, LLC

(Name of limited liability company)

New Jersey

(Jurisdiction of its organization)

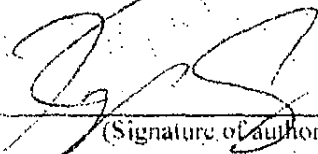
02/16/2010

(Date registered with Florida Department of State)

M10000000736

(Florida Document Number)

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



(Signature of authorized representative)

Kyle Carmody

(Typed or printed name of signee)

Filing Fee: \$25.00

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17 APR -7 AM 9:24
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS