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DEPLOTERNT OF STAT



ION SERVICE COMPANY							
	ACCOUNT NO.	:	120000000	195			
	REFERENCE	:	264692	7934851			
	AUTHORIZATION	: _	O Kas.				
	COST LIMIT	: (\$. 25.00	nan			
ORDER DATE :	August 20, 2014						
ORDER TIME :	3:05 PM						
ORDER NO. :	264692-020						
CUSTOMER NO:	7934851						
NAME:	NATURE TRADE (CENT	TER, LLC			::	
	E PARTNERSHIP LIABILITY COMPANY	Y				AUG 203	4
XXXX WITHDRAWA	L/CANCELLATION					#) 	٠.
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FIL	ING:	· ·		
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CONTACT PERSON	: Courtney Will:	iams	s - EXT# 6	2935			
		F	XAMINER:				

COVER LETTER

Registration Section

TO:

Division of Corporations							
SUBJECT: NATURE TRADE CENTER, 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:							
MICHELLE MIAKOS (Name of Person)							
NATURE TRADE CENTER, LLC. (Firm/Company)							
IG BENTRAL ST JONITIC (Address)							
BYFIELD MA 010, 22 (City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Person) at (178)358 7648 (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 & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy							

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NATURE TRADE CENTER, LL (Name of limited liability company)	ے۔
(Name of limited liability company)	
DEZAW ARE.	
(Jurisdiction of its organization)	
MARCH 29, 2010	
(Date registered with Florida Department of State)	
M 10000001445	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
Mikelle Maker	~~~.*
(Signature of authofized representative)	
MICHELLE MIAKOS	14, #14, 21
(Typed or printed name of signee)	ĊŢ.

Filing Fee: \$25.00