

M 1 0 0 0 0 0 0 3 9 2 1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

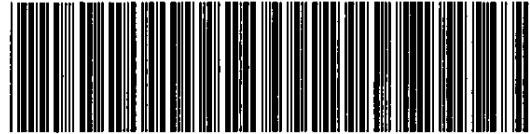
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/09/14--01036--011 \*\*25.00

14 JUN -9 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ROBERT W. HOWARD, P.C.  
ATTORNEY AND COUNSELOR AT LAW  
POST OFFICE BOX 6539  
19 SHELTER COVE LANE, 101 WATERS EDGE  
HILTON HEAD ISLAND, SOUTH CAROLINA 29938

(843) 785-6332  
(843) 785-6337 Facsimile  
rob@roberthowardlawfirm.com

June 4, 2014

Registration Division  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: CLINA USA LLC

To Whom It Concerns:

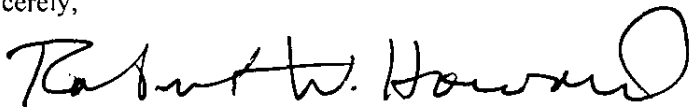
Please find enclosed a Cover Letter, a Notice of Withdrawal of Certificate of Authority, and a check for the \$25.00 filing fee.

Please forward an acknowledgement to me.

Please contact me by telephone or email if you have any questions or comments.

Thank you for your cooperation and assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert W. Howard". The signature is fluid and cursive, with a large loop at the end of the last name.

Robert W. Howard

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLINA USA 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:

Robert W. Howard

(Name of Person)

Robert W. Howard, PC

(Firm/Company)

P. O. Box 6539

(Address)

Hilton Head Island, SC 29938

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert W. Howard

(Name of Person)

at (843) 785-6332  
(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

14 JUN -9 PM 8:37  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CLINA USA LLC

(Name of limited liability company)

CONNECTICUT

(Jurisdiction of its organization)

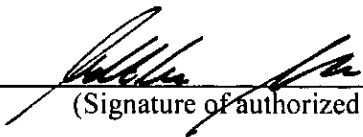
September 2, 2010

(Date registered with Florida Department of State)

M10000003921

(Florida Document Number)

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

  
(Signature of authorized representative)

Matthias Minderjahn

(Typed or printed name of signee)

FILED  
14 JUN -9 PM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**