## M10000004365

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del></del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO:	Registra Divisio		Section orporations			
SUBJE		INDI	KIMMEL PINHOOK	LLC		
DODGE.			(Name of For	eign Limite	d Liability (	Сотралу)
Dear Sir	or Mad	iam:				
The enc	losed wi	ithdrav	val and fee(s) are submitted	i for filing.		
Please re	eturn all	l corres	spondence concerning this	matter to th	e following:	:
MORI	RIS AI	NTAF	₹			
			(Name of Person)		<del></del>	
LM C	OHEN	1 & C	O LLP			
			(Firm/Company)			
1 WE	ST 34	TH S	TREET, 8TH FL			
			(Address)			
NEW	YORK	K, NY	10001			
	-		(City/State and Zip Cod	e)		
For furt	her infor	rmatio	n concerning this matter, p	lease call:		
MORI	RIS AI	NTAF	₹	at (	212	967-2300
		(Nan	ne 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			
Enclose	ed is a cl	heck f	or the following amount:			
<b>22 \$2</b> 5 I	Filing Fe	cc	□ \$30 Filing Fee & Certificate of Status		ing Fee & ed Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GINDI KIMMEL PINHOOK LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
10/05/2010
(Date registered with Florida Department of State)
M1000004365
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
( Sou 129)
(Signature of authorized representative)
JACK BRAHA
(Typed or printed name of signee)

Filing Fee: \$25.00