

**M10000004733**

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
ACQUILUS, LLC**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACQUILUS, 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:

TRACY DESAUTELS

(Name of Person)

ACQUILUS, LLC

(Firm/Company)

665 SIMONDS ROAD

(Address)

WILLIAMSTOWN, MA 01267

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY DESAUTELS

(Name of Person)

at ( 413 )

458-5220

(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

ACQUILUS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

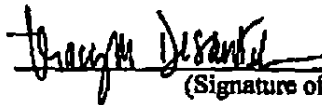
10/26/2010

(Date registered with Florida Department of State)

M10000004733

(Florida Document Number)

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



(Signature of authorized representative)

Tracy Desautels

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA