

m10000005518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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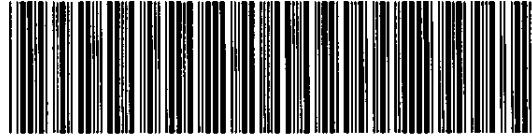
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY -5 P 4: 36

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Offices of Ross Gelfand 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:

Ross Gelfand

(Name of Person)

Law offices of Ross gelfand LLC

(Firm/Company)

205 Glenridge Close circle

(Address)

Atlanta GA 30328

(City/State and Zip Code)

For further information concerning this matter, please call:

Ross Gelfand

(Name of Person)

at 770 363-5441
(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

Law offices of Ross Gelfand LLC

(Name of limited liability company)

Fulton County GA

(Jurisdiction of its organization)



12/14/10

(Date registered with Florida Department of State)

M10000005518

(Florida Document Number)

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

(Signature of authorized representative)

Ross Gelfand , Member

(Typed or printed name of signee)

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2015 MAY -5 P 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00