

M110000000265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

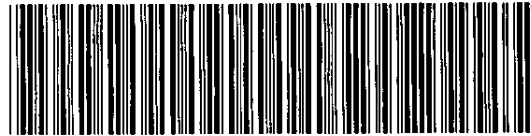
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100262559671

07/24/14--01002--009 **55.00

RECEIVED
DEPARTMENT OF STATE
14 JUL 24 AM 11:19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 24 PM 12:56

JUL 25 2014
J. HARRIS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

7/23

- ☒ CERTIFIED COPY _____
- ☐ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING LLC Cancellation

1. West Ice GP, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

File 2nd

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST ICE GP, 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:

HILLARY M. DORNE, ESQ.

(Name of Person)

SELTER CAPLAN MCMAHON VITEK

(Firm/Company)

750 B STREET, SUITE 2100

(Address)

SAN DIEGO, CALIFORNIA 92101

(City/State and Zip Code)

For further information concerning this matter, please call:

HILLARY M. DORNE

(Name of Person)

619

685-3076

at (

_____) _____
(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

WEST ICE GP, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

JANUARY 21, 2011

(Date registered with Florida Department of State)

M11000000265

(Florida Document Number)

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

WESTERN DEVCON, INC. its Sole Member



(Signature of authorized representative)

MICHAEL P. IBE, PRESIDENT of Western Devcon, Inc.

(Typed or printed name of signee)

Filing Fee: \$25.00

14 JUL 24 PM 12:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS