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H180000418133ABCY

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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)205-8842

Fax Number : (850)205-8842

LLC DISSOLUTION OR WITHDRAWAL PYRAMID IMAGINE MANAGEMENT LLC

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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J. HARRIS

2/18/2016

COVER LETTER

	uistration Section ision of Corporations	•	4	
SUBJECT:	PYRAMID IMAGINE MANAGEM	ENT LLC		
(Name of Foreign Limited Liability Company)				
Dear Sir or N	Aadam:			
The onclosed	i withdrawal and fee(s) are submitted i	or filing.		
Please return	all correspondence concerning this m	atter to the following:	:	
Amanda Jaci	kson			
	(Name of Person)			
CT Corporat	ion System			
	(Firm/Company)	менерамия — с тог интерперация менереней с ПРА достигности		
155 Federal	Street Suite 700		•	
	(Address)	•		
Boston, MA	02110			
	(City/State and Zip Code)			
For further in	formution concerning this matter, plea	se call:		
Capil	hia Warren	_at(_6(7	112 · 2885 Daytine Telephone Number)	
_ (.	(Name of Person)	(Area Code &	Daytime Telephone Number)	
STR	EET/COURIER ADDRESS:	MAIL	ING ADDRESS:	
	stration Section		ration Section	
	sion of Corporations on Building		on of Corporations ox 6327	
	Executive Center Circle		assee, Florida 32314	
	ahassee, Florida 32301		·	
Enclosed is a	check for the following amount:			
🗅 \$25 Filing	Fee S \$30 Filing Fce & C Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PYRAMID IMAGINE MANAGEMENT LLC	
(Name of limited liability company)	
Mussachusetts	
(Jurisdiction of its organization)	
04/15/2011	
(Date registered with Florida Department of State)	
M11000001913	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
Warren Offelds Manager	
(Typed or printed name of signee)	

Filing Fee: \$25.00