M11000002641

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TR APR 20 PM 1: 29
SECHETARY OF STATE
OF STATE

K. SALY APR 24 2018

COVER LETTER

TO: Registration Section Division of Corp				
SUBJECT: Mach	<u>Ceting Cons</u> (Name of Forei	olting #155 gn Limited Liability Con	ociates, LLC	
· Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
John	Name of Person))		
Macketin	Consultic (Firm/Company)	ng Associat	ses, LLC	
1720 Pos	Address)	ist Suite	21	
Westport	(City/State and Zip Code	0880		
For further information concerning this matter, please call:				
John D.	Rosera	at(_ <u>203_</u>)	349-8285	
(Name	of Person)	(Area Code & I	Daytime Telephone Number)	
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive	rporations g	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314	
Tallahassee, Fl				
Enclosed is a check for the following amount:				
S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy	



April 3, 2018

JOHN D. ROSEN MARKETING CONSULTING ASSOCIATES, LLC 1720 POST RD. EAST, STE. 121 WESTPORT, CT 06880

SUBJECT: MARKETING CONSULTING ASSOCIATES, LLC

Ref. Number: M11000002641

We have received your document for MARKETING CONSULTING ASSOCIATES, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP/LLLP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 418A00006651



FILED

18 APR 20 PM 1: 29

SECRETARY OF STATE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PILED

SECRETARY OF STATE

ORIDA

Marketing Consulting Associates LLC (Name of limited liability company)
(Name of finited flability company)
Horida
(Jurisdiction of its organization)
Material Country (Date registered with Florida Department of State)
M11000002641 (Florida Document Number)
(Florida Document Number)
Effective Date, if other than the date of filing: 12/31/7 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
(Typed or printed name of signee)

Filing Fee: \$25.00