

11000004479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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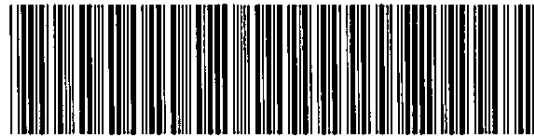
(Business Entity Name)

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DIVISION OF CORPORATIONS

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14 JAN 31 AM 9:56
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TALLAHASSEE, FLORIDA

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DATE: 1/31/14

NAME: THE CLOVIS GROUP, LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Clovis Group, L.L.C.

(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:

Brian Smith, C/O Bay State Corporate Services, Inc.

(Name of Person)

The Clovis Group, L.L.C.

(Firm/Company)

6 Beacon Street, Suite 510

(Address)

Boston, MA 02108

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Smith

(Name of Person)

at (617) 742-8484

(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

The Clovis Group, L.L.C.

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)


09/07/2011

(Date registered with Florida Department of State)

M11000004479

(Florida Document Number)

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


(Signature of authorized representative)

Anthony Valente

(Typed or printed name of signee)

14 JAN 31 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00