## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

Fax Number

: (850)205-8842 : (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL PACK4U, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Help

## COVER LETTER

Division of	Section Corporations			
SUBJECT: _	4 U, LLC			
	(Name of For	reign Limited Liability (	Company)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	d for filing.		
Please return all corr	espondence concerning this	matter to the following	:	
Dennis Williams	3			
<del></del>	(Name of Person)		•	
DLA Piper LLC	(US)			
<del></del>	(Finn/Company)		•	
200 S. Biscayne	e Blvd. Suite 2500			
	(Address)		•	
Miami, FL 331	31			
	(City/Stare and Zip Cod	le)	•	
For further informati	on concerning this matter, p	lease call:		
Dennis Williams	3	305	702-8844	
(Ne	une of Person)		Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisi P.O. B	MAILING ADDRESS: Registration Section Division of Corporations P.O. Hox 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	Cl \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

6/30/2015 2:32:39 PM From: To: 8506176383( 3/3 )

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Pack 4 U, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
9/14/2011
(Date registered with Florida Department of State)
M11000004619
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
WOULD
(Signature of authorized representative)
(Typed or printed name of signes)
(Typed or printed name of signes)

Filing Fee: \$25.00

TILEU
15 JUN 30 AN 7: 18
SECRETARY OF STATE
ANASSEE, FLORIDA