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O SIMMONS JAN 17 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 388082 8006566

AUTHORIZATION

COST LIMIT : 0\25.00$

ORDER DATE: December 2, 2016

ORDER TIME: 12:29 PM

ORDER NO. : 388082-330

CUSTOMER NO: 8006566

FOREIGN FILINGS

NAME: CUSTOMER SERVICE ASSOCIATES,

LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

COVER LETTER

	gistration vision of	Section Corporations			
SUBJECT:	Custo	omer Service Associa	ites, LLC		
SCBOLC I.		(Name of For	reign Limited Liz	bility C	Company)
Dear Sir or l	Madam:				
The enclose	d withdra	awal and fee(s) are submitte	d for filing.		
Please return	n all corr	espondence concerning this	matter to the fol	lowing:	
Jim Men	ges				
		(Name of Person)		······	
		(Firm/Company)			
200 NE I	Missou	ri Road, Suite 200			
		(Address)			
Lees Sui	nmit, N	1O 64086			
		(City/State and Zip Cod	e)		
For further i	nformatio	on concerning this matter, p	lease call:		
Jim Men	ges		816	,	246-1843
	(Na	me of Person)		Code &	Daytime Telephone Number)
Re Div Cli 260	gistration vision of fton Buil 61 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		ration Section on of Corporations ox 6327
Enclosed is	a check	for the following amount:			
□ \$25 Filin	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing F Certified Co		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Customer Service Associates, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
10/03/2011		
(Date registered with Florida Department of State)		
M11000004971		
(Florida Document Number)	<u>, , , , , , , , , , , , , , , , , , , </u>	
This limited liability company is withdrawing its certificate of authority in this state.		
· · · · · · · · · · · · · · · · · · ·		
G= afar		
(Signature of authorized representative)	Cur	
Jim Menges	17 JAN I	
(Typed or printed name of signee)	JAN 13	
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Filing Fee: \$25.00