

M11 000005810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

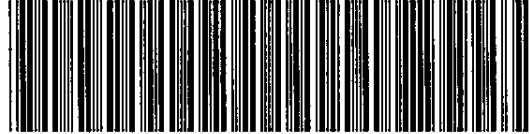
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600269332956

02/17/15--01005--010 \*\*25.00

FILED  
15 FEB 17 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shivers FEB 24 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORACLE ADVISORY SERVICES, LLC  
(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:

JASON T. EOANIDIS

(Name of Person)

ORACLE ADVISORY SERVICES, LLC

(Firm/Company)

110 GREENE ST, SUITE 1100

(Address)

NEW YORK, NY 10012

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON T. EOANIDIS

(Name of Person)

at ( 212 ) 856-9594  
(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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

ORACLE ADVISORY SERVICES, LLC

(Name of limited liability company)

NEW YORK

(Jurisdiction of its organization)

11/21/2011

(Date registered with Florida Department of State)

M11000005880

(Florida Document Number)

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



(Signature of authorized representative)

JASON T. EOANIDIS

(Typed or printed name of signee)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 17 AM 9:29

FILED

**Filing Fee: \$25.00**