

M12000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

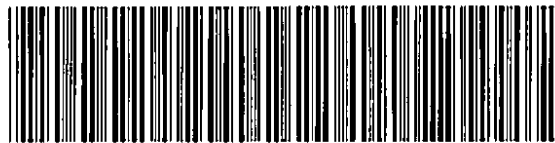
(Business Entity Name)

(Document Number)

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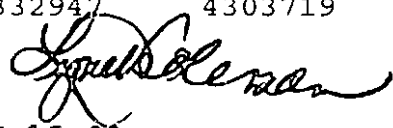
18 AUG -3 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG -3 PM 6:08

O. SIMMONS  
AUG 06 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 332947 4303719  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : August 3, 2018  
ORDER TIME : 3:03 PM  
ORDER NO. : 332947-005  
CUSTOMER NO: 4303719

FOREIGN FILINGS

NAME: THE SUMMIT SERIES, LLC

XX CORPORATE  
       LIMITED PARTNERSHIP  
       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: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

The Summit Series, LLC

(Name of limited liability company)

District of Columbia

(Jurisdiction of its organization)

January 13, 2012

(Date registered with Florida Department of State)

M12000000249

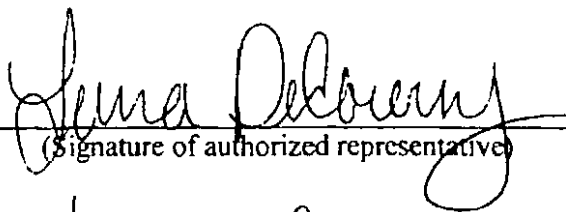
(Florida Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: Upon filing. (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)

LANA DECOVENY

(Typed or printed name of signee)

Filing Fee: \$25.00