# M1200000l970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP     ☐ WAIT     ☐ MAIL
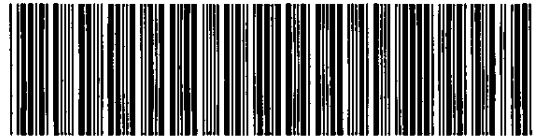
(Business Entity Name)

(Document Number)

Certified Copies _____     Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
2014 SEP 22 AM 11: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan  SEP 24 2014

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Henley Estates USA, 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:

Barbara J. Young
_____
(Name of Person)

Henley Estates USA, LLC
_____
(Firm/Company)

10735 Cedar Rock Drive
_____
(Address)

Reno, NV 89521
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Young                                    775        750-7463
_____        at (_____)_____
(Name of Person)                        (Area Code & Daytime Telephone Number)

| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
|---|---|
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |

**Enclosed is a check for the following amount:**

☑ $25 Filing Fee      ☐ $30 Filing Fee &      ☐ $55 Filing Fee &      ☐ $60 Filing Fee,
                          Certificate of Status      Certified Copy      Certificate of Status &
                                                                         Certified Copy

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Henley Estates USA, LLC
_____
(Name of limited liability company)

State of Delaware
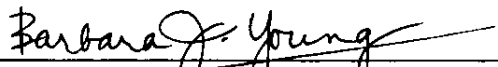_____
(Jurisdiction of its organization)

04/09/2012
_____
(Date registered with Florida Department of State)

M12000001970
_____
(Florida Document Number)

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


_____
(Signature of authorized representative)

Barbara J. Young
_____
(Typed or printed name of signee)

**Filing Fee: $25.00**