M12000002919

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
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APR 1 0 2013 T. **HAMPTON**

COVER LETTER

TO:

то:	Registration Division of	Section Corporations		
SUBJI	ECT: The	Bookshelf Mid	ltawn reign Limited Liability (2
		(Name of Fo	reign Limited Liability C	сопірану <i>)</i>
Dear S	ir or Madam:			
The en	closed withdra	awal and fee(s) are submitte	ed for filing.	
Please	return all corr	espondence concerning this	matter to the following:	
fa	tie Chas	(Name of Person)		
	The Bool	Shelf (Firm/Company)		
12	4 S. 1	Address) (Address) (Address) (Capa 31792 (City/State and Zip Coo		
/h	omasville	C Qa 31792 (City/State and Zip Coc	de)	
For fur	ther informati	on concerning this matter, p	lease call:	
K	atte Ch	astain	at (229	225.6323
	(N	ame of Person)	(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		
Enclos	sed is a check	for the following amount:		
□ \$25	Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

The Bookshelf - Hidtown LLC (Name of limited liability company)	
(Name of limited liability company)	
Flovida (Jurisdiction of its organization)	
· · · · · · · · · · · · · · · · · · ·	
(Date registered with Florida Department of State)	
(Date registered with Florida Department of State)	
M12000002919	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
fatie Chastain	
(Signature of authorized representative)	
Katie Chastain	
(Typed or printed name of signee)	

Filing Fee: \$25.00

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