

M1200000 4451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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Withdrawal

1. Potens Partners LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Potens Partners LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

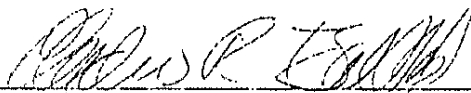
8/07/12

(Date registered with Florida Department of State)

M12000004451

(Florida Document Number)

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



(Signature of authorized representative)

Claudio R. Ballard

(Typed or printed name of signee)

Filing Fee: \$25.00

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