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## COVER LETTER ~

TO: Registration Section Division of Corporations
SUBJECT: Leaven 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:
Amber Chancey (Name of Person)
Leaven DLC (Firm/Company)
778 Corobolo Drive
Santa Rosa Beach, FC 32459 (City/State and Zip Code)
For further information concerning this matter, please call:
Amber Chancey at (850) 586-1550 (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:
# \$25 Filing Fee \$\tag{ \tag{ \}  \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \ta
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September 11, 2014

LEAVEN MARKETING LLC 778 COCOBOLD DRIVE SANTA ROSA BEACH, FL 32459

SUBJECT: LEAVEN MARKETING LLC

Ref. Number: M12000004770

We have received your document for LEAVEN MARKETING LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 914A00019463

Teresa Brown Regulatory Specialist II

www.sunbiz.org

THORITY FARE 25

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Leaven Marketing LLC (Name of limited liability company)
(Name of limited liability company)
8/22/2012
(Date registered with Florida Department of State)
M13000004770
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)  Amber Chancey (Typed or printed name of signee)

Filing Fee: \$25.00