M12000005405

(Ke	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
-	_	
☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
	cument Number)	
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2018

ELIZABETH CRISMAN 102 SANDY LYLE COVE ROUND ROCK, TX 78664

SUBJECT: ASPIRYON, LLC. Ref. Number: M12000005405

We have received your document for ASPIRYON, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 418A00001114

RECEIVED
JAN 29 2018

[www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ASDIMON LC (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:
Elizabeth Crisman (Name of Person)
ASDITION LLC (Firm/Company)
103 Sandy Lyle Cv. Round Rock TX 78664 (City/State and Zip Code)
For further information concerning this matter, please call: Lizabeth Caismanat (571) 442 - 8898 (Name 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
Enclosed is a check for the following amount:
☐ \$25 Filing Fee Certificate of Status ☐ \$55 Filing Fee Certified Copy ☐ \$60 Filing Fee.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	
(Name of limited liability company)	_
(Jurisdiction of its organization)	
(Jurisdiction of its organization)	
(Date registered with Florida Department of State)	
M1200005405	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S	(optional) of filing or requirements,
Jehn ann	
(Signature of authorized representative)	
- Crisman	
(Typed or printed name of signee)	

Filing Fee: \$25.00