

M1200000643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2014 JAN 30 16 54 43
SUFFOLK COUNTY
CLERK OF SUPERIOR COURT

2014 JAN 30 16 54 43

2014 JAN 30 11:00:09
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

2014 JAN 30 11:00:09

Printers JAN 31 2013

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 01/30/14

REF. #: 9034562

CORP. NAME: CAMBRIDGE CAPITAL HI-TECH TESTING, LLC

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input checked="" type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70014175 FOR \$ 30.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cambridge Capital Hi-Tech Testing, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

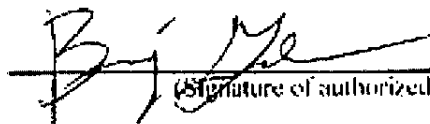
November 19, 2012

(Date registered with Florida Department of State)

M12000006413

(Florida Document Number)

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



(Signature of authorized representative)

Benjamin Gordon, Member of Cambridge Capital, LLC, Managing Member

(Typed or printed name of signer)

Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
16 JAN 30 2013 09:09