## M13 000 000 583

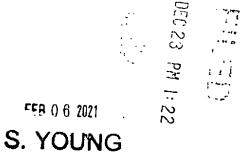
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
•	•	,
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500356830315

12/29/20--01011--025 ++90.00



## **COVER LETTER**

TO: Registration Division of e	Section Corporations		
	Utility Resources, LLC		
SUBJECT:	(Name of For	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	ed for filing.	
Please return all corre	espondence concerning this	matter to the followin	g:
Gregg Christensen			
	(Name of Person)		_
Cottonwood Reside	ential		
	(Firm/Company)		_
1245 Brickyard Roa	ad, Suite 250		
	(Address)		_
Salt Lake City, UT	84106		
	(City/State and Zip Cod	e)	_
For further information	on concerning this matter, p	olease call:	
Nancy Noble		801	278-0700
(Na	me of Person)		& Daytime Telephone Number)
P.O. Box 6	on Section  f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check t	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

Capital Utility F	Resources, LLC	
	(Name of limited liability company)	
Delaware		
<del></del>	(Jurisdiction of its organization)	
January 28, 20	13	
	(Date registered with Florida Department of State)	
M1300000058	3	
	(Florida Document Number)	
This limited li	ability company is withdrawing its certificate of authority in this	state.
more than 90 Note: If the date	e, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to d days after filing.)  ate inserted in this block does not meet the applicable statutory fi not be listed as the document's effective date on the Department	iling requirements,
	(Signature of authorized representative)	76297
	Gregg Christensen	1EC 23
	(Typed or printed name of signee)	7029 DEC 23 PM 1: 2,

Filing Fee: \$25.00