M1300001241

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL					
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D. SCOTT FEB 2 1 2017

COVER LETTER

	tion Section of Corporations			
SUBJECT:	CAMBELLE-INLAND, L	.LC		
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Mada	m:			
The enclosed with	ndrawal and fee(s) are submitte	ed for filing.		
Please return all c	correspondence concerning this	s matter to the followin	g:	
CRAIG T BO	UCHARD			
	(Name of Person)		_	
			_	
	(Firm/Company)			
1460 GOLDE	N GATE PARKWAY	SUITE 103		FILED W 4: 19 FEB 21 PM 4: 19 FEB 21 PM 4: 19 FEB 21 PM 4: 19
	(Address)		-	72 15
NAPLES, FL	34105			能量日
	(City/State and Zip Cod	de)		
For further inform	nation concerning this matter, p	olease call:		Din o
KARYL L MA	NDEL, C.P.A.	847	405-0914	
	(Name of Person)		Daytime Telephone Number)	
Registrat Division Clifton B 2661 Exc	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a che	ck for the following amount:			
☑ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CAMBELLE-INLAND, LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
JANUARY 30, 2013	
(Date registered with Florida Department of State)	
M13000001241	
(Florida Document Number)	
his limited liability company is withdrawing its certificate of authority in this state).
(Signature of authorized representative)	
CRAIG T BOUCHARD	
(Typed or printed name of signee)	FILED RE 19 SECRETARISE FLORID TALLARIAS SECRETARISE FLORID

Filing Fee: \$25.00