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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 28 2015

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheridan Benefits 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:

Danie J Vecchio Jr.

(Name of Person)

Sheridan Benefits LLC

(Firm/Company)

8685 Sheridan Drive

(Address)

Williamsville, New York 14221

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel J Vecchio Jr.

(Name of Person)

at (716) 580-3773
(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

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Enclosed is a check 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

Sheridan Benefits LLC

(Name of limited liability company)

Tampa office

(Jurisdiction of its organization)

March 11, 2013

(Date registered with Florida Department of State)

M13000001551

(Florida Document Number)

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

Daniel J Vecchio Jr.

(Signature of authorized representative)

Daniel J Vecchio Jr.

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: \$25.00