## \*M1300002567

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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K.BALY EXAMINER SEP 15 2014



CUSTOMER NO: 4703995

NAME: C.C.R.D, LLC

ACCOUNT NO. : I2000000195

FOREIGN FILINGS

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: C.C.	R.D, LLC		
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all corr	respondence concerning this	s matter to the following	;:
Gail Conboy			
	(Name of Person)		-
c/o Caithness (	Corporation		
	(Firm/Company)		-
565 Fifth Avenu	ue, 29th Floor		
	(Address)		•
New York, New	York, 10017		
	(City/State and Zip Coo	le)	•
For further informati	on concerning this matter, p	lease call:	
Gail Conboy		212 at (	9219099
(N	ame 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	☐ \$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

C.C.R.D., LLC D/B/A Cross Country Renewable Development, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
April 18, 2013
(Date registered with Florida Department of State)
M13000002567
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Barbara Bishop - Gollan
(Typed or printed name of signee)

Filing Fee: \$25.00