

M130000003214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

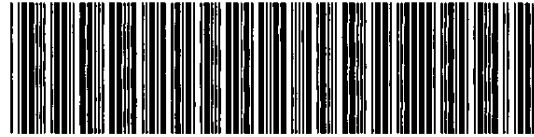
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700298053907

04/17/17--01008--027 **25.00

FILED

2017 APR 28 P 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

GERARD AMBROSIO
1244 CLINTONVILLE ST 2C
WHITESTONE, NY 11357

SUBJECT: ANTICO CASALE USA LLC.
Ref. Number: M13000003214

We have received your document for ANTICO CASALE USA LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 517A000000040

2017 APR 28 P 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CEIV

2017 MAY -1 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antico Casale U.S. 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:

Gerard Ambrosio
(Name of Person)

Antico Casale USA LLC.
(Firm/Company)

12-44 Clintonville St. & C
(Address)

White Stone N.Y. 11357.
(City/State and Zip Code)

2011 APR 28 P 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Gerard Ambrosio at (914) 760 1100 or 718 357 2000
(Name 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: (See Attached cashed check)

- ☐ \$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

Antico Casale USA llc.

(Name of limited liability company)

New York

(Jurisdiction of its organization)

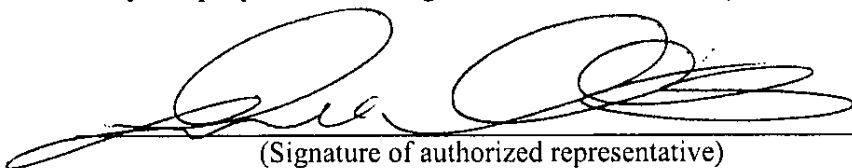
~~1130000003210~~ 5/21/13

(Date registered with Florida Department of State)

M130000003214

(Florida Document Number)

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



(Signature of authorized representative)

Gerard Ambrosio

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 28 P 3 43

FILED

Filing Fee: \$25.00