

M13000003297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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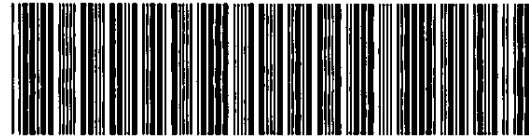
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brierley Associates, 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:

Vickie Watkins

(Name of Person)

Brierley Associates Corporation

(Firm/Company)

990 S Broadway, Suite 222

(Address)

Denver, CO 80209

(City/State and Zip Code)

For further information concerning this matter, please call:

Vickie Watkins

(Name of Person)

at (303) 446-6642

(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2014

VICKIE WATKINS
BRIERLEY ASSOCIATES CORPORATION
990 S BROADWAY - STE 222
DENVER, CO 80209

SUBJECT: BRIERLEY ASSOCIATES, LLC
Ref. Number: M10000002135

We have received your document for BRIERLEY ASSOCIATES, 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):

This document was previously filed on March 28, 2011.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 414A00004812

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Brierley Associates, LLC

(Name of limited liability company)

Colorado

(Jurisdiction of its organization)


3/28/2011

(Date registered with Florida Department of State)

M130000003297

(Florida Document Number)

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


(Signature of authorized representative)

Steven C. Kuehr

(Typed or printed name of signee)

Filing Fee: \$25.00

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2014 APR 25 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA