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O SIMMONS NOV 2 9 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

•
ACCOUNT NO. : 12000000195
REFERENCE : 504,659 4321805
AUTHORIZATION: Symbolic man
COST LIMIT : \$ 25.00
ORDER DATE : November 27, 2018
ORDER TIME : 3:54 PM
ORDER NO. : 504659-010
CUSTOMER NO: 4321805
FOREIGN FILINGS
NAME: BUILDER MEDIA SOLUTIONS, LLC
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Emily Croft - EXT# 62925

COVER LETTER

Division of	Corporations		
BUIL SUBJECT:	DER MEDIA SOLUTIONS	, LLC	
	(Name of Fo	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdo	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	:
Julie K. Xanders			
	(Name of Person)	·-	
Tribune Publishing	Company		
	(Firm/Company)		
160 N. Stetson Ave	nue		
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Chicago, IL 60601			
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For further informat	ion concerning this matter, p	please call:	
Susan Tookey, c/o	Perkins Coie LLP	206 at (359-8606
7)	Jame of Person)	(Area Code &)
	COURIER ADDRESS:		ING ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314	
	tive Center Circle c, Florida 32301	i allah	assec, riorida 32314
Enclosed is a check	for the following amount:		
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	Securificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BUILDER ME	EDIA SOLUTIONS, LLC	_,
	(Name of limited liability company)	
DELAWARE		三
	(Jurisdiction of its organization)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
May 24, 2013	· · · · · · · · · · · · · · · · · · ·	
	(Date registered with Florida Department of State)	<u></u> ي
M1300000332	22	· · · · · · · · · · · · · · · · · · ·
	(Florida Document Number)	
This limited	liability company is withdrawing its certificate of authority in this st	late.
(If an effective more than 90 Note: If the o	ve date is listed, the date must be specific and cannot be prior to date 0 days after filing.) date inserted in this block does not meet the applicable statutory filing linot be listed as the document's effective date on the Department of	ng requirements.
	(Signature of authorized representative)	
	Julie K. Xanders, Secretary	
	(Typed or printed name of signee)	_

Filing Fee: \$25.00