## 113000003447

(Re	equestor's Name)			
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(Address)				
(Cit	ty/State/Zip/Phone	<del>=</del> #)		
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K.SALY EXAMINER APR 11

## **COVER LETTER**

	Registration Division'of	Section Corperations		
eun ir c		1 LDL, LLC		
SUBJEC		(Name of For	eign Limited Liabili	ty Company)
Dear Sir o	or Madam:			
The enclo	sed withdra	awal and fee(s) are submitte	d for filing.	
Please ret	urn all corr	espondence concerning this	matter to the follow	ing:
LUKE '	WIDMEF	₹		
		(Name of Person)		
AMER	ICAN MA	ANAGEMENT SPECI	ALISTS, LLC	
		(Firm/Company)		_ <del></del> .
РО ВС	X 69-20	49		
		(Address)		<del></del>
ORLA	NDO, FL	32869		
		(City/State and Zip Coo	le)	
For further	er informati	on concerning this matter, p	lease call:	
LUKE	WIDMER	₹	407	
	(Na	ame of Person)	at ( (Area Cod	e & Daytime Telephone Number)
] ] (	Registratior Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	is a check	for the following amount:		
☑ \$25 Fi	ling Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	& S60 Filing Fee. Certificate of Status & Certified Copy



13731 LDL, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
MAY 31, 2013
(Date registered with Florida Department of State)
M1300003447
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
(Typed or printed name of signee)

Filing Fee: \$25.00