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| _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Division of | Section Corporations | t 16 18 | |
|--|-----------------------------|---|---|---|
| CHDIE | | FFD, LLC | • | |
| SUBJE | .CI: | (Name of For | reign Limited Liabilit | y Company) |
| Dear Si | ir or Madam: | | | |
| The end | closed withdr | awal and fee(s) are submitte | d for filing. | |
| Please i | return all con | respondence concerning this | matter to the following | ng: |
| Luke | Widmer | | | |
| | | (Name of Person) | | _ |
| Amer | rican Man | agement Specialists | | |
| | | (Firm/Company) | · - ·- · · · · · · · · · · · · · · · · · | _ · |
| P.O. ! | Box 69-20 | 49 | | |
| - | | (Address) | | |
| Orlan | ndo, FL 32 | 869 | · | |
| | | (City/State and Zip Cod | le) | _ |
| For furt | ther informat | on concerning this matter, p | olease call: | |
| Luke | Widmer | | 407 | 468-9701 |
| | (N | ame of Person) | at ((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 | | |
| Enclose | ed is a check | for the following amount: | | |
| \$25 | Filing Fee | □ \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| 2443 FFD, LLC | | |
|--|-----------------------------------|---|
| (Name of limited liability company) | | |
| Delaware | | |
| (Jurisdiction of its organization) | | |
| June 20, 2013 | | |
| (Date registered with Florida Department of State) | | |
| M13000003934 | | |
| (Florida Document Number) | | |
| This limited liability company is withdrawing its certificate of authority in this state | e. | |
| (Signature of authorized representative) Luke Widmer | 16 MAR 1 SECRETAR TALLAHASS | in a Table |
| (Typed or printed name of signee) | 4 AM 8:2 | Party of the same |

Filing Fee: \$25.00