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SECRETARY OF STATE

N. Cuttigan MAR - 3 20141

COVER LETTER

Division of	Corporations		
SUBJECT: OS	ED, LLC		
	(Name of For	eign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following:	:
Man (Dan	vial		
Mary Dar			
	(Name of Person)		
Warner N	orcross & Ju	idd LLP	
	(Firm/Company)		
111 Lyon	Street NW,	Suite 900	
	(Address)		
Grand Ra	pids, MI 495	03	•
(City/State and Zip Code)			
For further information	on concerning this matter, p	lease call:	
Bruce Yo	ung	₄ ,616	752-2144
(Na	me 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	
	for the following amount:		
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED 2014 FEB 28 PM 12: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OSED, LLC				
(Name of limited liability company)				
Michigan				
(Jurisdiction of its organization)				
June 24, 2013				
(Date registered with Florida Department of State)				
M1300004044				
(Florida Document Number)				
This limited liability company withdrawing its certificate of authority in this state.				
(Signature of authorized representative) Bruce C. Young				
(Typed or printed name of signee)				
(1) pod or printed fame of signee)				

Filing Fee: \$25.00