M1300000 4589

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dc	ocument Number)	
(50	·	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section

Division	of Corporations		
Up _l SUBJECT:	per Crust Food Service,	LLC	
SUBJECT:	(Name of Fore	eign Limited Liability	Company)
Dear Sir or Madai	n:		
The enclosed with	drawal and fee(s) are submitted	I for filing.	
Please return all c	orrespondence concerning this	matter to the following	; :
Adam Guy			
	(Name of Person)		-
Upper Crust	Food Service		
	(Firm/Company)		-
108 E. Green	Meadows Rd., Suite 6		
·····	(Address)		* , ,
Columbia, M	O 65203		•
	(City/State and Zip Cod	e)	-
For further inform	nation concerning this matter, p	lease call:	
Patti Freema	n	573 at (864-7415
	(Name of Person)	(Area Code &	& Daytime Telephone Number)
Registra Division Clifton E 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a cho	eck 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Upper Crust Food Service, LLC
(Name of limited liability company)
Missouri
(Jurisdiction of its organization)
7/24/13
(Date registered with Florida Department of State)
M13000004589
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Adam Guy
(Typed or printed name of signee)

Filing Fee: \$25.00

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