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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF SIMIL ONS ON SECRETARY OF SORPORATIONS

UL 08 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: North Shore Risk Consulting LLC. (Name of Foreign Limited Liability Company)			
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Robert T Lynch, (Name of Person)			
North Shore Risk Consulting, LLC. (Firm/Company)			
68 South Service Road, Suite 100 (Address)			
Melville N. V. 11747. (City/State and Zip Code)			
For further information concerning this matter, please call:			
Robert TLynch at (5/6) 659-985/ (Name 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			
Enclosed is a check for the following amount:			
\$25 Filing Fee \(\text{Certificate of Status} \) \(\text{S55 Filing Fee & Certified Copy} \) \(\text{Certificate of Status & Certified Copy} \)			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

North Shore Risk Consulting-LLC (Name of limited liability company)		
(Name of limited liability company)		
(Jurisdiction of its organization)		
(Jurisdiction of its organization)		
(Date registered with Florida Department of State)		
(Date registered with Florida Department of State)		
M 13000004829		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
The same of authority in this same.		
(Signature of authorized representative)		
Robert T Lynch (Typed or printed name of signee)		
(Typed or printed name of signee)		

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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