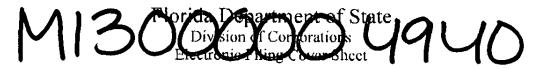
1/27/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000025743 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA0000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL SMITHFIELD SPECIALTY FOODS GROUP, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

J. HARRIS

To: Page 3 of 4

COVER LETTER

TO: Registration Division of	on Section of Corporations			
Smith SUBJECT:	nfield Specialty Foods Group	, LLC		
GUDIEACT,	(Name of Fo	reign Limited Liability	Company)	-
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitte	d for filing.		
Please return all cor	rrespondence concerning this	matter to the following	3;	• .
Melissa A. Brock				
	(Name of Person)		•	
Smithfield Foods, I	Inc.			re;
	(Firm/Company)		- `	
200 Commerce Stre	eel			
	(Address)		-	
Smithfield, VA 234	430			
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(City/State and Zip Cod	le)	-	
For further informat	tion concerning this matter, p	lease call:		
Melissa A. Brock		757 at (357-8160	
4)	Vanie of Person)		Daytime Telephone Number)	-
Registratio Division of Clifton Bui 2661 Execu	f Corporations	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	us;
Enclosed is a check	k 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

Shininen Specian	(Name of limited liability company)
	(Mame of Hanned Browns's combany)
Delaware	
	(Jurisdiction of its organization)
08/07/2013	
	(Date registered with Florida Department of State)
M13000004940	
······································	(Florida Document Number)
This limited liab	oility company is withdrawing its certificate of authority in this state.
	Alexander of the second of the
	(Signature of authorized representative)
S	Slowart T. Leeth, Member
* *****	(Typed or printed name of signee)

Filing Fee: \$25.00