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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

LLC DISSOLUTION OR WITHDRAWAL
CONTOUR CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

T. CLINE

SEP - 6 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Contour Construction, 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:

Terri S. Hart, Paralegal

(Name of Person)

Couch White, LLP

(Firm/Company)

540 Broadway, PO Box 22222

(Address)

Albany, New York 12201-2222

(City/State and Zip Code)

For further information concerning this matter, please call:

Terri S. Hart

(Name of Person)

518

426.4600 x243

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

Enclosed is a check 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

SEP 11 11 09 AM '18

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Contour Construction, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

August 21, 2013

(Date registered with Florida Department of State)

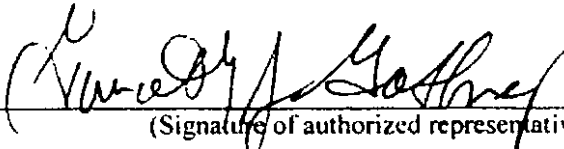
MI3000005317

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)

Timothy J. Gaffney, Treasurer

(Typed or printed name of signee)

Filing Fee: \$25.00