M1300005459

(Re	equestor's Name)				
, (Ac	ldress)				
(Ac	idress)				
(Cit	ty/State/Zip/Phone	e #)			
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COVER LETTER

TQ:		ration Se on of Co	ction rporations						
SUBJE	G CCT:	OODF	ELLOWS NEW Y	ORK, LLC					
50.001			(Name of Fo	reign Limited I	Liability	Company)		•	-
Dear S	ir or Mac	dam:							
The en	closed w	ithdrawa	l and fee(s) are submitte	ed for filing.					
Please	return all	l corresp	ondence concerning this	s matter to the f	ollowing	:			
HOW	/ARD S	S. TON	1						
			(Name of Person)	,	-	-			
GOO	DFELL	Lows	NEW YORK, LLC						
			(Firm/Company)			-	Fig.	~=	
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			(City/State and Zip Coo	ie)		-	器可	<u>۽ 2</u> ا	
For fur	ther info	rmation (concerning this matter, p	olease call:					
HOW	ARD S	S. TON	1	646 at (6	881-5727			
		(Name	of Person)		a 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						
Enclos	ed is a cl	heck for	the following amount:						
□ \$25	Filing Fe	ee [\$30 Filing Fee & Certificate of Status	✓ \$55 Filing Certified C		\$60 Filing Fe Certificate of Certified Con	Status &		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GOODFELLOWS NEW YORK, LLC	
(Name of limited liability company)	
NEW YORK STATE	
(Jurisdiction of its organization)	
08/28/2013	
(Date registered with Florida Department of State)	
M1300005459	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in t	his state.
(Signature of authorized representative) HOWARD S. TOM (Typed or printed name of signee)	2016 OCT -3 A 9: ITALL/HASSLE, FLOR
	表 5 5 7

Filing Fee: \$25.00