

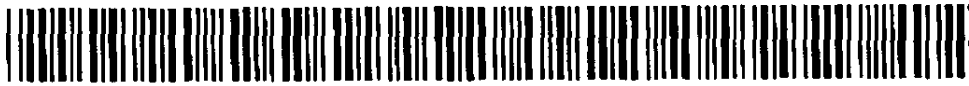
MIT 00000 676f**Florida Department of State**

Division of Corporations

Electronic Filing Cover Sheet

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(((H16000103203 3)))



H160001032033ABCQ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone : (305)416-6800

Fax Number : (305)416-6811

**LLC DISSOLUTION OR WITHDRAWAL
CHILLY WIND PARTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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APR 27 2016
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILLY WIND PARTS, 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:

Diane M. Hernandez

(Name of Person)

Adams Gallinar, P.A.

(Firm/Company)

1000 Brickell Avenue, Suite 300

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane M. Hernandez

(Name of Person)

305

at ()

416-6800

(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

(((H16000103203 3)))

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CHILLY WIND PARTS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

10/22/2013

(Date registered with Florida Department of State)

M13000006708

(Florida Document Number)

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


(Signature of authorized representative)

Robert R. Adams, Esq., Authorized Representative

(Typed or printed name of signee)

FILED
16 APR 26 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00