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COVER LETTER

	gistration Solision of Co			·
CUD IFCT.		ZC, LLC		
SUBJECT:		(Name of For	eign Limited Liabil	ity Company)
Dear Sir or !	Madam:			
The enclosed	d withdraw	al and fee(s) are submitted	d for filing.	
Please return	n all corres	condence concerning this	matter to the follow	ving:
Luke Wic	dmer			
		(Name of Person)	····	
Americar	n Manag	ement Specialists		
	<u> </u>	(Firm/Company)		
P.O. Box	69-2049)		
		(Address)		
Orlando,	FL 3286	9		
		(City/State and Zip Cod	e)	_
For further i	nformation	concerning this matter, p	lease call:	
Luke Wid	dmer		407	468-9701
	(Name	e of Person)	at (at Coc	de & 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 fo	r the following amount:		
■ \$25 Filin	g Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

L____

8192 TZC, L	LC	
	(Name of limited liability company)	-
Delaware		
	(Jurisdiction of its organization)	
January 27, 2	2014	
	(Date registered with Florida Department of State)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
M140000005	505	
	(Florida Document Number)	
This limited lia	ability company is withdrawing its certificate of authority in this state.	
		1
	(Signature of authorized representative)	7 ALL
	Luke Widmer	16 HAR
	(Typed or printed name of signee)	£ 00
		P
		F. 5
		20

Filing Fee: \$25.00