Division of Corporations Electronic Filing Cover Sheet

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.

(((H150000753573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)205-8842

: (850)878-5368 Fax Number

LLC DISSOLUTION OR WITHDRAWAL HINTER-FL, LLC

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Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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MAR 26 ZUIS

COVER LETTER

		on Section of Corporations		
SUBJECT		ER-FL LLC		
	(Nume of Foreign Limited Liability Company)			
				•
Dear Sir or	Madam	:		
The enclos	ed withd	rawal and fee(s) are submit	ted for filing.	
Please rom	rn-all cor	respondence concerning th	is matter to the following	3 :
		· · · · · · · · · · · · · · · · · · ·		-
		(Name of Person)		
HINTER-	TL LLC			
		(Firm/Company)		•
1455 Mark	et St Fl	!		
		(Address)		•
San Francis	ico, CA	94103		
		(City/State und Zip Co	de)	•
>				
For further	bnformat.	ion concerning this matter,	please cull;	
Penelope H	lunsen, C	Corporate Paralegal	:415	8423396
-	(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Re Div Cli 260 Tal	gistration vision of fron Buil 51 Execu liahassee	COURIER ADDRESS: 1 Section Corporations Iding Itive Center Circle 1, Florida 3230 I for the following amount:	Regist Divisie P.O. B Tolluh	JING ADDRESS; ration Section on of Corporations lox 6327 assee, Florida 32314
\$25 Pilin		☐ \$30 Filing Fee & Certificate of Stants	S55 Flling Fee & Certified Copy	© \$60 Piling Fee, Certificate of Status & Certified Copy

FILED

2015 MAR 25 AM II: 02

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HINTER-FL LL	C
	(Name of limited liability company)
DE	
·····	(Jurisdiction of its organization)
02/13/2014	
	(Date registered with Florida Department of State)
M14000001070	
	(Florida Document Number)
This limited lis	bility company is withdrawing its certificate of authority in this state.
	Auf (Signature of authorized representative)
	AXEL MARTINEZ
	(Typed or printed name of signee)

Filing Fee: \$25.00