M14000001356

(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
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Special Instructions to	Filing Officer:		
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TAIL AND CONTROL STORIONS

O SIMMONS SEP 1 2 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

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FOREIGN FILINGS				
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				

EXAMINER:

CONTACT PERSON: Emily Croft - EXT# 62925

COVER LETTER

TO:

Registration Section

Division of Corporations Rolympus (US) Commodities Group, LLC SUBJECT: (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: John Tesoriero (Name of Person) Castleton Commodities Merchant Trading L.P. (Firm/Company) 2200 Atlantic Street, Suite 800 (Address) Stamford, CT 06902-6834 (City/State and Zip Code) For further information concerning this matter, please call: Margaret Curran (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassec, Florida 32301 Enclosed is a check for the following amount: □ \$60 Filing Fee, □ \$55 Filing Fee & □ \$30 Filing Fee & □ \$25 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rolympus (US) C	Commodities Group, LLC	
	(Name of limited liability company)	······
Delaware		6
	(Jurisdiction of its organization)	5 6 7
02-26-2014		一颗二点
N414000001256	(Date registered with Florida Department of State)	The second second
M14000001356		<u> </u>
	(Florida Document Number)	₹6 B
This limited lia	ibility company is withdrawing its certificate of authority in this	statc.
Effective Date,	if other than the date of filing:	(optional)
•	date is listed, the date must be specific and cannot be prior to da ays after filing.)	ite of filing or
Note: If the dat	te inserted in this block does not meet the applicable statutory fil	
this date will no	ot be listed as the document's effective date on the Department of	of State's records.
	Unk. Alfal	
	(Signature of authorized representative)	
	Duane K. Duclaux, Secretary	
	(Typed or printed name of signee)	

Filing Fee: \$25.00