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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 054114 7925055

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 11, 2016

ORDER TIME : 10:23 AM

ORDER NO. : 054114-250

CUSTOMER NO: 7925055

FOREIGN FILINGS

NAME: P\S\L GROUP AMERICA LIMITED

LLC

CORPORATE
LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Division of	Section Corporations			
P\S\L	. Group Ámerica Limi	ted LLC		
SUBJECT;	(Name of For	eign Limited Liability C	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	espondence concerning this	matter to the following:		
Kathryn Daub				
	(Nume of Person)			
P\S\L Administ	ation Services Ameri	ca Inc.		
	(Firm/Company)			
1140 Avenue o	f the Americas, 14th	Floor		
	(Address)			
New York, NY	10036			
	(City/State and Zip Cod	c)		
For further informati	on concerning this matter, p	lease call:		
Kathr <u>y</u> n Daub		212	220-0880	
(N	nne of Person)		Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	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	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PISIL Group America Limited LLC			
(Name of limited liability company)	-		
Delaware			
(Jurisdiction of its organization)			
03/25/2014			
(Date registered with Florida Department of State)			
M14000002006			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state.		5	
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Dona Man	13	₹28	1
AUXHELLE			17"
(Signature of authorized representative)		F	, h
Kathryn Daub	674) 774)	9: 0	*.
(Typed or printed name of signee)	를 ¹	ယ	

Filing Fee: \$25.00