

M14000002934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

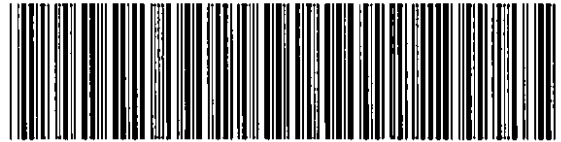
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2019 SEP 27 PM 12:17  
100322844491


SEP 30 2019

M. SOLOMON

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

ACCOUNT NO. : I20000000195

REFERENCE : 936097 8047062

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : September 26, 2019

ORDER TIME : 9:02 AM

ORDER NO. : 936097-030

CUSTOMER NO: 8047062  
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FOREIGN FILINGS

NAME: COLLEGE COURT USF, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLLEGE COURT USE, 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:

Miriam Costa

\_\_\_\_\_  
(Name of Person)

Capossela Cohen LLC

\_\_\_\_\_  
(Firm/Company)

368 Center Street

\_\_\_\_\_  
(Address)

Southport, CT 06890

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Miriam Costa

\_\_\_\_\_  
(Name of Person)

203

254-7000

at (\_\_\_\_\_) \_\_\_\_\_

(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

COLLEGE COURT USE, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

04/29/2014

(Date registered with Florida Department of State)

M14000002934

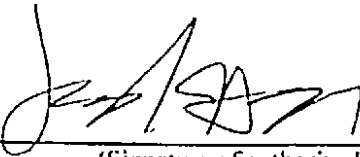
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

✓ 

(Signature of authorized representative)

Jared W. Heuer

(Typed or printed name of signee)

Filing Fee: \$25.00

2018 SEP 27 PM 12:17