

M 14000002972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

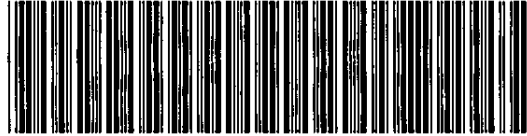
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 25 2016  
1:59 PM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLJR, 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:

KATHLEEN RAFAEL  
\_\_\_\_\_  
(Name of Person)

BRIDGES PROFESSIONAL SERVICES  
\_\_\_\_\_  
(Firm/Company)

7 WEST 41ST AVE, #512  
\_\_\_\_\_  
(Address)

SAN MATEO, CA 94403  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN RAFAEL at (650) 378-2402  
\_\_\_\_\_  
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

CLJR, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

APRIL 30, 2014

(Date registered with Florida Department of State)

M14000002972

(Florida Document Number)

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

(Signature of authorized representative)

ROBERT CUCINOTTA

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Filing Fee: \$25.00**