

71400000339B

(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



200280201292

200280201292
12/30/15--01021--009 **25.00

FILED

2015 DEC 30 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 31 2015

3 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Column Technical Services, 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:

Attn: Legal Department

(Name of Person)

Column Technical Services, LLC

(Firm/Company)

10 E 22nd Street, Suite 300

(Address)

Lombard, IL 60148

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Ziolkowski at **630** **515-6635**

(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Column Technical Services, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

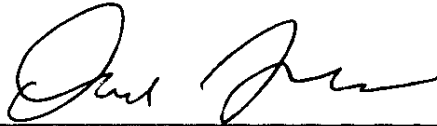
May 12, 2014

(Date registered with Florida Department of State)

M14000003393

(Florida Document Number)

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



(Signature of authorized representative)

David Frankfater

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2015 DEC 30 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA