## M14000004707

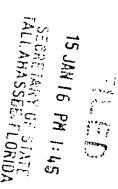
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
	· · · · · · · · · · · · · · · · · · ·	S OI Status		

Office Use Only



900268417279

01/16/15--01010--024 \*\*25.00



## **COVER LETTER**

TO:		ration Section on of Corporations		
SUBJEC	T. T	he Cog Group, LLC		
SUBJE	C1;	Name of Lin	nited Liability Con	mpany
Dear Sir	or Ma	dam:		
The encl	losed W	/ithdrawal Statement and fee(s) are st	ubmitted for filing	
Please re	eturn al	I correspondence concerning this mat	ter to the followin	g:
Jason	Guth	rie		
		Name of Person		
The C	og Gr	oup, LLC		
		Firm/Company		
P.O. B	30x 56	31		
***************************************		Address		
Alanso	on, MI	49706		
		City/State and Zip Code		Harding or 1910 allel marrier
lormsb	ee@	thecoggroup.com		
	E-mai	l address: (to be used for future annua	l report notification	on)
For furth	er info	rmation concerning this matter, please	e call:	
Loral C	Ormst	oee .	877	238-0598
		Name of Person	at (Area Code	Daytime Telephone Number
•	Registr	ET/COURIER ADDRESS: ation Section n of Corporations		MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E140 (2/14)

Division of Corporations Clifton Building 2661 Executive Center Circle

## WITHDRAWAL STATEMENT

record before it takes effect:	submit the following withdrawal statement withdrawing a The Cog Group, LLC
FIRST: The name of the limited liability company is:	
SECOND: The Florida Document number of the limit	ted liability company is: M1400004302
Florida Ar THIRD: The record to be withdrawn is:	nnual Report
FOURTH: Please check the appropriate box	
0	I the persons who signed the record being withdrawn.  or  with the agreement of all the persons who signed the record.
Lite	Jason Guthrie
Signature of person submitting withdrawal	Typed or printed name of signature
	T <sub>A</sub> .
Signature of person submitting withdrawal	Typed or printed name of signature
Signature of person submitting withdrawal	Typed or printed name of signature
Signature of person submitting withdrawal	Typed or printed name of spinature
Tilles for i	ESE AA

Filing fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E140 (2/14)