M14 0000 05127

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	

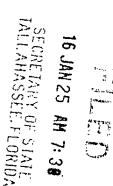
Office Use Only



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COVER LETTER

TO:

Registration Section

Division o	f Corporations		
Burt	on Associates Consul	ting LLC.	
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	matter to the following	3:
Graham Burto	n, MD		
	(Name of Person)		-
·	(Firm/Company)		-
4005 Indian R	iver Drive		
	(Address)		_
Vero Beach, F	L 32963		
	(City/State and Zip Coo	de)	_
For further informa	tion concerning this matter, p	olease call:	
Robert Ferri		973	538-4006
(Name of Person)		& Daytime Telephone Number)
Registration Division of Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations uilding outive Center Circle oe, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a chec	k 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

Builton Associates Consulting LLC.		
(Name of limited liability company)		
NJ .		
(Jurisdiction of its organization)	·	
7/18/14		
(Date registered with Florida Department of State)		
M1400005127		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.	- ;	
(Signature of authorized representative)	SE SE	
Graham Burton, MD	JAN AREI	· _ >*
(Typed or printed name of signee)	T6 JAN 25 AM 7: 3	The state of the s

Filing Fee: \$25.00