**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone

Fax Number : (954)208-0845

## LLC DISSOLUTION OR WITHDRAWAL CTI-URS ENVIRONMENTAL SERVICES, LLC

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## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
CTI-U	RSENVIRONMENTALS	ERVICES,LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitte	ed for filing.		
Please return all corr	respondence concerning this	smatter to the following	ŗ.	
RobynJames				
	(Name of Person)		-	
CTlandAssociates,	Inc.	it.		ങ
	(Firm/Company)		-	
28001CabotDrive.	Stc.250			
	(Address)		<del>-</del>	
Novi,MI48377				
	(City/State and Zip Coo	le)	-	
For further informati	on concerning this matter, p	dease call:		
Robyn James		248 at (	5600723	
(No	ame of Person)	(Area Code &	: Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	TREET/COURIER ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taffahassee, Florida 32314 Taffahassee, Florida 32301		ra	
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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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CTI-URSEN	VIRONMENTALSERVICES,LLC	
	(Name of limited liability company)	
Delaware		
<del></del>	(Jurisdiction of its organization)	
10/21/2014		
	(Date registered with Florida Department of S	itate)
M1400000767	75	
	(Florida Document Number)	
This limited	liability company is withdrawing its certificate of authorized	ority in this state.
	Anly aggres-	77
	(Signature of authorized representative	ve) 7 APR
	RobynJames	100 N
	(Typed or printed name of signee)	TLORRIE DE

Filing Fee: \$25.00