M15000000169

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
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J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TDEL PI 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:
JOSNEL ETIENNE (Name of Person)
IDELPI UC
1.0. Box 640804 (Address)
CHN JOSE, CA 95164 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (408) 300-7505 (Area Code & Daytime Telephone Number)
(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 & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2016

JOSNEL ETIENNE PO BOX 640804 SAN JOSE, CA 95164

SUBJECT: IDELPI LLC

Ref. Number: M15000000169

We have received your document for IDELPI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00012765

SECRETARY OF STATE

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IDELPI LLC
(Name of limited liability company)
(Jurisdiction of its organization)
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M15000000169
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
J-15/-
(Signature of authorized representative)
TOSINGL ETIENNE
(Typed or printed name of signee)

Filing Fee: \$25.00

16 JUL -5 PM 3: 12