M15000000618

| (Re | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



400285799324

05/16/16--01016--003 **25.00



MAY 17 2016 J SHIVERS

COVER LETTER

| TO: Registratio Division of | n Section Corporations | | |
|---|---|--|---|
| Talid | a-USA, LLC | | |
| | (Name of Fo | reign Limited Liability | Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdr | rawal and fee(s) are submitte | ed for filing. | |
| Please return all cor | respondence concerning this | matter to the following | 3: |
| Mr. Abdul Abdu | urahman, Esq. | | |
| | (Name of Person) | | _ |
| Bausch Abdura | ahman & Associates, | LLC | |
| | (Firm/Company) | | - |
| 1100 New Brita | ain Ave, Suite 107 | | |
| | (Address) | | _ |
| West Hartford, | CT 06110 | | |
| | (City/State and Zip Coo | le) | - |
| For further informat | ion concerning this matter, p | please call: | |
| Mr. Fadi Kayya | ıti | 646 | 434-6800 |
| (N | Jame of Person) | at (| 2 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 | | tration Section ion of Corporations Box 6327 | |
| 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 |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Talida-USA | , LLC |
|--------------|--|
| | (Name of limited liability company) |
| New York S | State |
| | (Jurisdiction of its organization) |
| January 26 | , 2015 |
| · | (Date registered with Florida Department of State) |
| M15000000 | 0618 |
| · | (Florida Document Number) |
| This limited | liability company is withdrawing its certificate of authority in this state. |
| | (Signature of authorized representative) |
| | · |
| | Ahmed Alsayed Abdelgayed Saleh |
| | (Typed or printed name of signee) |

Filing Fee: \$25.00