

M15000000801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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-ALLAHABAD, INDIA

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K. SALY
EXAMINER

APR 11

COVER LETTER

TO: Registration Section
Division of Corporations

13087 CDA, LLC

SUBJECT: _____
(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:

LUKE WIDMER

(Name of Person)

AMERICAN MANAGEMENT SPECIALISTS, LLC

(Firm/Company)

PO BOX 69-2049

(Address)

ORLANDO, FL 32869

(City/State and Zip Code)

For further information concerning this matter, please call:

LUKE WIDMER

407

468-9701

(Name of Person)

at (_____) _____
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

FILED
2016 APR -8 PM 4:12
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

13087 CDA, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

JANUARY 30, 2015

(Date registered with Florida Department of State)

M15000000801

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

LUKE WIDMER

(Typed or printed name of signee)

Filing Fee: \$25.00