M 150000000815

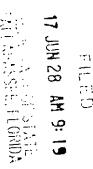
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400300831134

ũ6/23/17--01011--004 *•25.08



S. WARREN
JUN 3 0 2017

COVER LETTER

TO: Registration Section Division of Corporations

CALV SUBJECT:	'ERTON POSTAL, LLC			
(Name of Foreign Limited Liability Company)				
Dear Sir or Madam:				
The enclosed withdr	rawal and fee(s) are submitt	ed for filing.		
Please return all cor	respondence concerning thi	s matter to the follo	wing:	
ARTHUR D. HER	MAN			
	(Name of Person)	 -	 -	
CALVERTON POS	STAL, LLC			
	(Firm/Company)			
532 BROAD HOLI	OW RD., SUITE 109			
	(Address)			
MELVILLE, NY 1	1747			
	(City/State and Zip Cod	le)		
For further informat	ion concerning this matter, p	olease call:		
KEVIN DOUGHER	RTY, CPA	631 at (756-2100	
(N	ame of Person)		de & Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Execu Tallahassee	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 nelosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		egistration Section ivision of Corporations O. Box 6327	
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CALVERTON POSTAL LLC
(Name of limited liability company)
NEW YORK
(Jurisdiction of its organization)
JANUARY 21, 2015
(Date registered with Florida Department of State)
M15000000815
(Florida Document Number)
Effective Date, if other than the date of filing:
(Typed or printed name of signee)

Filing Fee: \$25.00

IIII 28 AH 9: