MEDDO 1679

(Re	equestor's Name)			
(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	e #)		
(0,	y Cattor Lipit Home	·,		
PICK-UP	MAIT	MAIL		
(В	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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TALLAHASSEE: FLORID

SECRETARY OF AM

RECEIVE

MAR 1 5 2016 S. YOUNG

COVER LETTER

_		ay .			
TO:	Registration Division of	Section Corporations		ė.	
CHDI	121 .	CNS, LLC			
SUBJ	ECT:	(Name of Fo	oreign Limited Liability	Company)	
Dear S	Sir or Madam:				
The er	closed withdra	awal and fee(s) are submitte	ed for filing.		
Please	return all corr	espondence concerning this	s matter to the following	<u>;</u> :	
Luke	Widmer				د ابيم
		(Name of Person)		•	ייאון ס
Ame	rican Mana	agement Specialists			•
		(Firm/Company)		_	
P.O.	Box 69-20	49			
		(Address)		_	
Orla	ndo, FL 32	869			
		(City/State and Zip Co	de)	_	
For fu	rther informati	on concerning this matter,	please call:		
Luke	Widmer		407 at (468-9701	
	(N	ame 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			
Enclos	sed 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

1216 CNS, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
March 4, 2015	
(Date registered with Florida Department of State)	
M15000001679	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state. (Signature of authorized representative)	SECRETARY OF STALLAHASSFE, FLORID
Luke Widmer	5
(Typed or printed name of signee)	- 4

Filing Fee: \$25.00