

M15000002051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

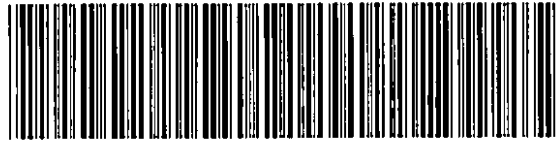
(Business Entity Name)

(Document Number)

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DATE: 04-02-18

NAME: CFR APLL AUTODIRECT, LLC

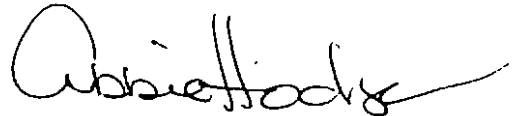
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CFR APLL AUTODIRECT, LLC
(Name of limited liability company)

DELAWARE
(Jurisdiction of its organization)

MARCH 16, 2015
(Date registered with Florida Department of State)

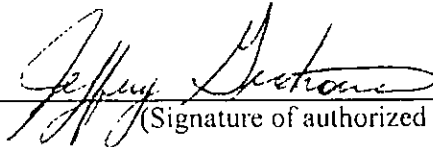
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This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

JEFFERY GRAHOVEC
(Typed or printed name of signee)

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