M15000002304		
(Requestor's Name) (Address) (Address)	900277772279	
(City/State/Zip/Phone #)	10/07/1501013010 **25.00	
Certified Copies Certificates of Status	130 51	
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Division of Corporations (Name of Foreign Limited Liability Company) SUBJECT:

COVER LETTER

Dear Sir or Madam:

Registration Section

TO:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Firm/Company)

ASON (Address)

For further information concerning this matter, please call:

at (267) ZOZ - OXO ((Ares Code & Daytime Telephone Number) (Name of Person)

STREET/COURIER ADDRESS: **Registration Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS: **Registration Section Division of Corporations**

P.O. Box 6327 Tallahassee, Florida 32314

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

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ID Con Sul ting Solutions, ((Name of limited liability dompany)	<u> </u>	
(realie of million hadning gampany)		
Jurisdiction of its organization)		
(Date registered with Florida Department of State)		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
(Signature of authorized representative)	20	
michael Palleschi	15 0CT - 7	1717 - 1717 - 17 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 1717 - 171
(Typed or printed name of signee)		Ĩ
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Filing Fee: \$25.00