## M15000002909

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## **COVER LETTER**

Division o	f Corporations			
MAD SUBJECT:	ISON DESIGN PARTNER	S, L.L.C.		
	(Name of Fo	oreign Limited Liability	Company)	
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitt	ed for filing.		
Please return all con	rrespondence concerning thi	s matter to the following	3:	
Alexander Edelma	n			
	(Name of Person)		-	
Edelman, Liesen &	: Myers, L.L.P.			
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-	
4051 Broadway, St	uite 4			
· · · · · · · · · · · · · · · · · · ·	(Address)		-	
Kansas City, MO 6	4111			
	(City/State and Zip Co	de)	-	
For further informa	tion concerning this matter,	please call:		
Alexander Edelman	n	816 at (	607-1529	
(1)	Name of Person)		2 Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section	
	f Corporations	Divisi	ion of Corporations	
Clifton Bu	utive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	e, Florida 32301	1 offer	1011da 32314	
Enclosed is a checl	k for the following amount	:		
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MADISON DES	IGN PARTNERS,	L.L.C.			
		(Name of limited li	ability company)		
MISSOURI					
		(Jurisdiction of it	s organization)		<del></del>
04/07/2015					
	(Date	registered with Flori	da Department of State	2)	
M15000002909					
1 11 112 =		(Florida Docum	nent Number)		_
Effective Date, (If an effective more than 90 d Note: If the da	if other than the date is listed, the lays after filing. the inserted in the	ne date of filing: the date must be spece ) is block does not me	eet the applicable stat	(optional) ior to date of filing or utory filing requirement rtment of State frecomment	
		(Signature of autho	rized representative)	APR 25 PM 2:	FILED
	Shawn Caton		d name of signee)		

Filing Fee: \$25.00