

M15000004678

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

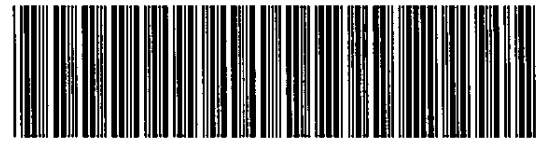
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2016 OCT 28 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT 31 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brookstone Capital Management LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

John Grebe

(Name of Person)

Grebe & Associates, PC

(Firm/Company)

1749 S Naperville Rd Ste 203

(Address)

Wheaton, IL 60189

(City/State and Zip Code)

For further information concerning this matter, please call:

John Grebe

(Name of Person)

630

653-3510

at ( )

(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

**Enclosed 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

**FILED**  
2016 OCT 28 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Brookstone Capital Management, LLC

\_\_\_\_\_  
(Name of limited liability company)

Illinois

\_\_\_\_\_  
(Jurisdiction of its organization)

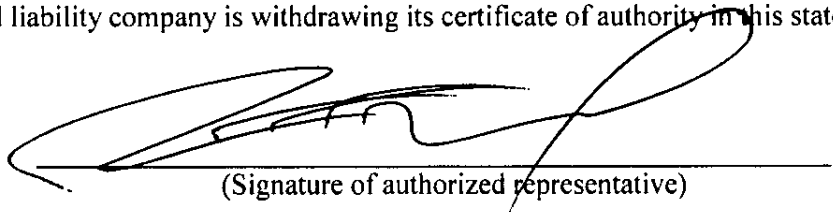
June 15, 2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

M15000004678

\_\_\_\_\_  
(Florida Document Number)

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

  
\_\_\_\_\_  
(Signature of authorized representative)

Nadim Zayed, Member

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**