## M150000 6021

(Req	juestor's Name)	
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## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
	HPR, LLC				
SUBJECT:	(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdr	rawal and fee(s) are submitte	d for filing.			
Please return all cor-	respondence concerning this	matter to the following	3.		
LUKE WIDMEI	3				
	(Name of Person)		_		
AMERICAN MA	ANAGEMENT SPEC	ALISTS, LLC			
	(Firm/Company)		_		
PO BOX 69-20	149				
	(Address)				
ORLANDO, FL	. 32869				
	(City/State and Zip Coc	le)	_		
For further informat	ion concerning this matter, p	olease call:		2016 A SEGRE TALLEAR	ė
LUKE WIDME	٦ .	407 at (	468-9701	APR -I	***
(N	ame of Person)		Daytime Telephone Num	iber D.	1
Registratio Division of Clifton Bui 2661 Exect	`Corporations	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, Florida 32314	3: 1L STATE LORIDA	C
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 Stat	us &	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)  DELAWARE  (Jurisdiction of its organization)  JULY 30, 2015  (Date registered with Florida Department of State)  M15000006021  (Florida Document Number)
(Jurisdiction of its organization)  JULY 30, 2015  (Date registered with Florida Department of State)  M1500006021  (Florida Document Number)
(Date registered with Florida Department of State)  M1500006021  (Florida Document Number)
(Date registered with Florida Department of State)  M1500006021  (Florida Document Number)
M1500006021  (Florida Document Number)
(Florida Document Number)
· · · · · · · · · · · · · · · · · · ·
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)  LUKE WIDMER  (Typed or printed name of signee)

Filing Fee: \$25.00